

No. W 96687	Due no later than Sep 30, 2018 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. SAGE YOGA AND WELLNESS, LLC MARISA KS WEPPNER 242 N 8TH ST STE 200 BOISE ID 83702		MARISA KS WEPPNER 1505 N 18TH ST BOISE ID 83702-8370			
			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	MARISA KATHLEEN WEPPNER	1505 N 18TH ST	BOISE	ID	USA	83702
5. Organized Under the Laws of: ID W 96687	6. Annual Report must be signed.* Signature: Marisa Weppner Name (type or print): Marisa Weppner		Date: 08/22/2018 Title: owner			
Processed 08/22/2018		* Electronically provided signatures are accepted as original signatures.				