No. W 135839	Reinstatement Annual Report Form ADMIN DISSOLVED 06/28/2017	2. Registered Agent and Office **(NOT A P.O. BOX)** VICKI MITCHELL 7150 HILLTOP WAY BOISE ID 83709 USA
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 **REINSTATEMENT FEE DUE:** $30.00	1. **Mailing Address: Correct in this box if needed.** HARMONY HEALTH, LLC KARLA HARMON ~~9161 W BLACK EAGLE DR BOISE ID 83709~~ 2921 S. Meridian Road Meridian, ID 83642	3. New Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. Adg

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager ☐ Member ☒	Karla Harmon	2544 E. LaClair St.	Meridian	ID		83642
Manager ☐ Member ☒	Jon Harmon	2921 E. Meridian Rd	Meridian	ID		83642
Manager ☐ Member ☐						
Manager ☐ Member ☐						

5. Organized Under the Laws of:	6.
IDAHO W 135839	Signature: Jon M. Harmon Date: 4.30.18 Name (type or print): Jon M. Harmon Title: Pres/member

Issued 04/30/2018 by online