No. W 82832		Due no later than Apr 30, 2012		2. R	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form 1. Mailing Address: Correct in this box if needed. WEED WOMAN HOLISTIC HEALTH, LLC KELLEY RIVIERE PO BOX 753 MERIDIAN ID 83680			KELLEY RIVIERE 40. W FRANKLIN RD. MERIDIAN ID 83642 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080								
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Comp	anies: Enter Na	mes and Addresses of at	least one Member or Manager.					
Office Held	Name		Street or PO Address	Cit	ty	State	Country	Postal Code
MEMBER KELLEY RIVIE		IERE	P.O. BOX 753 MERIDIAN	ID		ID	USA	83680
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Kelley Riviere			Date: 03/06/2012			
W 82832		Name (type or print): Kelley Riviere			Title: Owner			
Processed 03/06/2012 * Electronically provided signatures are accepted as original signatures.								