No. W 108282 Return to:		Due no later than Nov 30, 2015 Annual Report Form			2. Registered Agent and Address (NO PO BOX) DANIELLE BENNION			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. PREVENTATIVE HEALTH SERVICES, LLC DANIELLE BENNION 531 S. FITNESS PL. EAGLE ID 83616		EAGLE ID	531 S. FITNESS PL. EAGLE ID 83616 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Compa	nies: Enter Nai	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	DANIELLE B	BENNION	531 S. FITNESS PL.	EAGLE	ID	USA	83616	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Dan		Date: 09/25/2015				
W 108282		Name (type or		Title: Manager				
Processed 09/25/2015 * Electronically provided signatures are accepted as original signatures.								