No. W 153885	Due no later than Jul 31, 2017	2. Registered Agent and Address (NO PO BOX)
Return to:	Annual Report Form	LINDSEY SICHELSTIEL
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.	1327 E PENNSYLVANIA AVE
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	WHITE CYPRESS NATURAL HEALTH LLC LINDSEY SICHELSTIEL 1327 E PENNSYLVANIA AVE	COEUR D ALENE ID 83814
	COEUR D ALENE ID 83814	3. <u>New</u> Registered Agent Signature:*
NO FILING FEE IF RECEIVED BY DUE DATE		
4. Limited Liability Companies: Enter Na	mes and Addresses of at least one Member or Manager.	
Office Held Name	Street or PO Address	City State Country Postal Code
MANAGER LINDSEY SI	CHELSTIEL 1327 E PENNSYLVANIA AVE	COEUR D ALENE ID USA 83814
5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID	Signature: LINDSEY E SICHELSTIEL	Date: 05/25/2017
W 153885	Name (type or print): LINDSEY E SICHELSTIEL	Title: OWNER/ACUPUNCTURIST
Processed 05/25/2017	* Electronically provided signatures are accepted as original sig	natures.