

No. W 152290	Due no later than Jun 30, 2016 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. SIMPLY SIMON HEALTH, PLLC TAMARA SIMON 951 E PLAZA DR STE 170 EAGLE ID 83616		TAMARA SIMON 951 E PLAZA DR STE 170 EAGLE ID 83616			
			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
MANAGER	TAMARA M SIMON	951 E PLAZA DR STE 170	EAGLE	ID	USA	83616
5. Organized Under the Laws of: ID W 152290	6. Annual Report must be signed.* Signature: ANGELA LENZ Name (type or print): ANGELA LENZ		Date: 08/04/2016 Title: BOOKKEEPER			
Processed 08/04/2016		* Electronically provided signatures are accepted as original signatures.				