

No. W 16622	Due no later than Sep 30, 2016 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) ARLENE K WILLENBORG COWIN 517 S JACKSON MOSCOW ID 83843
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. INDUSTRIAL HEALTH WORKS, L.L.C. ARLENE K WILLENBORG COWIN 517 S JACKSON MOSCOW ID 83843-2232		3. <u>New</u> Registered Agent Signature.

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

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	ARLENE K WILLENBORG - Cowin	517 S. JACKSON	MOSCOW	ID		83843
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	GARRETT T. J. JONES	1008 S. CLEVELAND ST.	MOSCOW	ID		83843 USA
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;">IDAHO W 16622</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: </td> <td style="width: 40%;"> Date: <div style="text-align: center;">10/4/16</div> </td> </tr> <tr> <td> Name (type or print): ARLENE K. WILLENBORG - Cowin </td> <td> Title: MANAGER </td> </tr> </table>	Signature: 	Date: <div style="text-align: center;">10/4/16</div>	Name (type or print): ARLENE K. WILLENBORG - Cowin	Title: MANAGER
Signature: 	Date: <div style="text-align: center;">10/4/16</div>				
Name (type or print): ARLENE K. WILLENBORG - Cowin	Title: MANAGER				

Issued 09/23/2016 by TLB
102070