No. W 158169		Due no later than Nov 30, 2017		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			COREY J RIPEE			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. WELLNESS FUSION, LLC WELLNESS FUSION 6275 N LINDER RD SUITE 140 MERIDIAN ID 83646		BOISE ID	1111 W JEFFERSON ST SUITE 530 BOISE ID 83702 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
2000 000 10	ompanies: Enter N	lames and Ado	resses of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	MANZO HO	DDGE	2622 BIG SKY PL	EAGLE	ID	USA	83616	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 158169		Signatur	Signature: Manzo		Date: 10/19/2017			
		Name (t	Name (type or print): Manzo		Title: Hodge			
Processed 10/19/20	17	* Electronic	ally provided signatures are accepted as origina	l signatures.				