

No. <b>W 180979</b>		<b>Due no later than Mar 31, 2018</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> NATURAL PATH HEALTH CARE LLC LAWRENCE BLANCHARD P.O. BOX 485 COCOLALLA ID 83813		LAWRENCE BLANCHARD 1284 COCOLALLA LOOP COCOLALLA ID 83813			
				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	LAWRENCE BLANCHARD	1284 COCOLALLA LOOP	COCOLALLA	ID	USA	83813	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 180979</b>		Signature: Lawrence Blanchard				Date: 01/30/2018	
		Name (type or print): Lawrence Blanchard				Title: Manager	
Processed 01/30/2018		* Electronically provided signatures are accepted as original signatures.					