| No. W 140797 Return to: | | Due no later than Aug 31, 2017 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) JASON WEST 245 LAUREL LANE CHUBBUCK ID 83202 3. New Registered Agent Signature:* | | | |
|--|---|--|------------------|--|---------|-------------|--|
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. POWERFUL HEALTH SOLUTIONS LLC JASON WEST 245 LAUREL LANE CHUBBUCK ID 83202 | CHUBBUCK I | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | mas and Addresses of at least one Member or Manager | | | | | |
| Office Held | Name | nes and Addresses of at least one Member or Manager. Street or PO Address | City | State | Country | Postal Code | |
| MEMBER JASON WES | | | CHUBBUCK | ID | USA | 83201 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* Signature: Jason West | Date: 10/30/2017 | | | | |
| W 140797 | | Name (type or print): Jason West | Title: Owner | | | | |
| Processed 10/30/2017 | * Electronically provided signatures are accepted as original signatures. | | | | | | |