No. <b>W 82832</b>			Due no later than Apr 30, 2015			2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			Annual Report Form  1. Mailing Address: Correct in this box if needed.  WEED WOMAN HOLISTIC HEALTH, LLC  KELLEY RIVIERE  2203 LEANN WAY  MERIDIAN ID 83646			KELLEY RIVIERE 40. W FRANKLIN RD. MERIDIAN 83642-8364  3. New Registered Agent Signature:*			
		WEED WO KELLEY RI 2203 LEAN							
NO FILING FEE IF RECEIVED BY DUE DATE		MERIDIAN	10 03040		J. <u>New</u> Registe	ored rigene of	gnatare.		
4. Limited Liability Comp	panies: Enter I	Names and Addr	esses of at least one Member or Manager.						
Office Held	Name		Street or PO Address		City	State	Country	Postal Code	
MANAGER	KELLEY RIVIE		2203 LEANN WAY		MERIDIAN	ID	USA	83646	
5. Organized Under the Laws of:		6. Annual Re	6. Annual Report must be signed.*						
ID W 82832		Signature	Signature: Kelley Rivierre			Date: 04/12/2015			
		Name (typ	Name (type or print): Kelley Rivierre			Title: Owner			
Processed 04/12/2015 * Electronically provided signatures are accepted as original signatures.									