No. W 105576 Return to:		Due no later than Aug 31, 2012 Annual Report Form			Registered Agent and Address (NO PO BOX) AMARISSA JONES			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ENGAGE WELLNESS LLC AMARISSA A JONES PO BOX 9614 BOISE ID 83707		BOISE ID	2219 S LONGMONT DR BOISE ID 83706 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
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	
MEMBER	AMARISSA /	A JONES	2219 SOUTH LONGMONT DR	BOISE	ID	USA	83706	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Amar		Date: 09/17/2012				
W 105576		Name (type or p		Title: Owner				
Processed 09/17/2012	Processed 09/17/2012 * Electronically provided signatures are accepted as original signatures.							