No. <b>W 89007</b>		Due no later than Dec 31, 2015		2.	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.  C&L HEALTH PRODUCTS, LLC  JASON EBERHARD  11665 W STATE ST  STAR ID 83669		!	LARRY LEACH 11665 W STATE ST STAR ID 83669  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE  4. Limited Liability Companies: Enter Nar			least one Member or Manager.	J.	New Register	ed Agent 31	gnature.	
Office Held	Name		Street or PO Address	C	City	State	Country	Postal Code
MEMBER	LARRY W LEACH		11665 W STATE ST	S	TAR	ID	USA	83669
5. Organized Under the Laws of:  ID  W 89007		6. Annual Report must be signed.* Signature: Jason Eberhard Name (type or print): Jason Eberhard			Date: 12/31/2015 Title: Controller			
Processed 12/31/2015 * Electronically provided signatures are accepted as original signatures.								