

No. W 101455		Due no later than Mar 31, 2015		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. DOCTOR MOM'S WHOLESOME HEALTH PLLC LARAMIE WHEELER 3040 E 17TH STREET IDAHO FALLS ID 83406		LARAMIE WHEELER 3040 E 17TH STREET IDAHO FALLS 83406			
				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	
MEMBER	LARAMIE WHEELER	3040 E 17TH STREET	AMMON	ID	USA	83406	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 101455		Signature: Laramie Wheeler				Date: 02/22/2015	
		Name (type or print): Laramie Wheeler				Title: Owner	
Processed 02/22/2015		* Electronically provided signatures are accepted as original signatures.					