

No. W 104617		Due no later than Jun 30, 2014		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. ENCOMPASS HOLISTIC HEALTH, LLC GENA JEFFERY 960 N 6TH E MOUNTAIN HOME ID 83647		GENA JEFFERY 1198 N 9TH E MOUNTAIN HOME ID 83647	
				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
MANAGER	GENA JEFFERY	1198 N 9TH E	MOUNTAIN HOME	ID	USA 83647
5. Organized Under the Laws of: ID W 104617		6. Annual Report must be signed.* Signature: Gena Jeffery Name (type or print): Gena Jeffery Date: 05/07/2014 Title: Manager			
Processed 05/07/2014		* Electronically provided signatures are accepted as original signatures.			