

No. W 58979		Due no later than Feb 28, 2010 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ANGEL WINGS CENTER OF HEALING, LLC BOBETTE R PAGE 477 SHOUP AVE STE 105 IDAHO FALLS ID 83402 USA		BOBETTE PAGE 477 SHOUP AVE STE 107B IDAHO FALLS ID 83402			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name BOBETTE R PAGE	Street or PO Address 477 SHOUP AVE, SUITE 105		City IDAHO FALLS	State ID	Country USA	Postal Code 83402
5. Organized Under the Laws of: ID W 58979		6. Annual Report must be signed.* Signature: Bobette R. Page Name (type or print): Bobette R. Page Date: 03/26/2010 Title: Manager					
Processed 03/26/2010 * Electronically provided signatures are accepted as original signatures.							