

No. <b>W 4596</b>		<b>Due no later than Sep 30, 2011</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  COEUR D'ALENE HEALING ARTS, PLLC TODD SCHLAPFER 520 COEUR D ALENE AVE COEUR D ALENE ID 83814		TODD SCHLAPFER 520 COEUR D'ALENE AVE STE 100 COEUR D'ALENE ID 83814			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name TODD SCHLAPFER	Street or PO Address 1000 W HUBBARD STE 120		City COEUR D'ALENE	State ID	Country USA	Postal Code 83814
5. Organized Under the Laws of:  <b>ID W 4596</b>		6. Annual Report must be signed.*  Signature: Todd Schlapfer Name (type or print): Todd Schlapfer  Date: 07/20/2011 Title: Owner					
Processed 07/20/2011      * Electronically provided signatures are accepted as original signatures.							