No. W 27405	Reinstatement Annual Report Form ADMIN DISSOLVED 03/06/2009	2. Registered Agent and Office **(NOT A P.O. BOX)**
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 **REINSTATEMENT FEE DUE:** $30.00	1. **Mailing Address: Correct in this box if needed.** WELLSPRING WELLNESS CENTER, LLC 13001 N WINDY MEADOW AVE BOISE ID 83714	STEVEN E ALKIRE - associate ~~205 N TENTH ST STE 300~~ ~~BOISE ID 83702~~ Eberle, Berlin, Kading, Turnbow & McKlaveen Chartered Boise Plaza III 1111 W. Jefferson St. Suite 530 Boise, ID 83702 3. New Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager ☒ Member ☐	LEANN PARKER	13001 N. Windy Meadow	Boise	ID		83714
Manager ☒ Member ☐	JAY PARKER	13001 N. Windy Meadow	Boise	ID		83714
Manager ☐ Member ☐						
Manager ☐ Member ☐						

5. Organized Under the Laws of:	6.
IDAHO W 27405	Signature: Leann K. Parker Name (type or print): LEANN K. PARKER Date: Dec 2, 2013 Title: owner/manager

Issued 12/02/2013 by DK1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM