

No. <b>W 68827</b>		<b>Due no later than Nov 30, 2013</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>  LIFE WELLNESS CENTER LLC KIM MOORE 2931 PARKE CIRCLE DR BOISE ID 83705-2358 USA		ALL DAY \$49 IDAHO REGISTERED A 1900 NORTHWEST BLVD STE 106A COEUR D ALENE ID 83814 USA		
<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 MANAGER	Name KIM MOORE	Street or PO Address 2891 PARKE CIRCLE DRIVE	City BOISE	State ID	Country USA	Postal Code 83705
5. Organized Under the Laws of:  <b>ID</b> <b>W 68827</b>		6. Annual Report must be signed.*  Signature: Kim Moore Name (type or print): Kim Moore  Date: 02/08/2014 Title: Manager				
Processed 02/08/2014 * Electronically provided signatures are accepted as original signatures.						