

No. W 82414	Due no later than Mar 31, 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. WELLSPRING THERAPY CENTER, LLC LAUREL CARTER 10 S 100 W PRESTON ID 83263 USA		LAUREL CARTER 10 S 100 W PRESTON ID 83263			
			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	LAUREL CARTER	10 S 100 W	PRESTON	ID	USA	83263
5. Organized Under the Laws of: ID W 82414	6. Annual Report must be signed.* Signature: Laurel Carter Name (type or print): Laurel Carter		Date: 01/29/2010 Title: Owner			
Processed 01/29/2010		* Electronically provided signatures are accepted as original signatures.				