

No. W 61627

Due no later than April 30, 2008

## Annual Report Form

Return to:

SECRETARY OF STATE  
450 NORTH FOURTH STREET  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

HEALING LEAVES PRODUCTS, LLC  
PO BOX 1329  
PRIEST RIVER, ID 83856

2. Registered Agent and Office NO PO BOX

ROBERT A MCCLINTOCK

420 HIGH ST

PRIEST RIVER, ID 83856

1221 Alberni Hwy St 1

NO FILING FEE IF  
RECEIVED BY DUE DATE3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
mnggr	Robert McClintock	2627 Scott Rd	RICE	WA	99167
mnggr	Lori McClintock	2627 Scott Rd	RICE	WA	99167

5. Organized Under the Laws of:

IDAHO  
W 61627

6.

Signature

Lori McClintock

Date

2-28-08

Name

(Typed or  
Printed)

LORI MCCLINTOCK

Title

mnggr/sec.

Issued 02/01/2008

Do Not Tape or Staple

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