

No. <b>W 58687</b>	<b>Due no later than Jan 31, 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>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> TWIN FALLS INSTITUTE OF HOLISTIC STUDIES LLC SUE V. PHILLIPS 3999 HIGHWAY 93 FILER ID 83328 USA		SUE V PHILLIPS 3999 HWY 93 FILER ID 83328			
			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
MEMBER	JIMMIE E PHILLIPS	3999 HWY 93	FILER	ID	USA	83328
MEMBER	SUE V PHILLIPS	3999 HWY 93	FILER	ID	USA	83328
5. Organized Under the Laws of:  <b>ID W 58687</b>	6. Annual Report must be signed.* Signature: Sue V. Phillips Name (type or print): Sue V. Phillips		Date: 01/06/2013 Title: Owner/Partner			
Processed 01/06/2013		* Electronically provided signatures are accepted as original signatures.				