No. W 68827		Due no later than Nov 30, 2011	2. Registered Agent and Address (NO PO BOX) ALL DAY \$49 IDAHO REGISTERED A 105 S 6TH STE A COEUR D ALENE ID 83814 USA 3. New Registered Agent Signature:*			
Return to:		Annual Report Form				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. LIFE WELLNESS CENTER LLC KIM MOORE 2931 PARKE CIRCLE DR				
NO FILING FEE IF RECEIVED BY DUE DATE		BOISE ID 83705-2358 USA	J. <u>New</u> Regist	tered Agent 31	gnature.	
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 KIM MOORE		801 WEST MAIN ST STE 100	BOISE	ID	USA	83702
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID		Signature: Kim Moore	Date: 12/19/2011			
W 68827		Name (type or print): Kim Moore	Title: Manager			
Processed 12/19/2011 * Electronically provided signatures are accepted as original signatures.						