

No. <b>C 175103</b>		<b>Due no later than Sep 30, 2014</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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> WELLNESS TREE COMMUNITY CLINIC, INC. (THE) ARNE B. WALKER 173 MARTIN ST TWIN FALLS ID 83301 USA		ARNE B WALKER 173 MARTIN ST TWIN FALLS 83301-8330		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	TREVOR S. TARTER	1445 FILLMORE STREET STE. #1101	TWIN FALLS	ID	USA	83301
SECRETARY	STACI MCCOMAS	652 WOODLAND DRIVE	TWIN FALLS	ID	USA	83301
DIRECTOR	TRACEY DUNCAN	628 SUNSHINE DRIVE	TWIN FALLS	ID	USA	83301
VICE PRESIDENT	DAVID MCCLUSKY MD	775 POLE LINE ROAD SUITE 214	TWIN FALLS	ID	USA	83301
DIRECTOR	LISA BURGETT	2550 ADDISON AVE EAST SUITE A	TWIN FALLS	ID	USA	83301
TREASURER	JULIA FOLLOW	2188 ADDISON AVE EAST	TWIN FALLS	ID	USA	83301
DIRECTOR	DAVE SNYDER	3145 BOEHM ESTATE DRIVE	TWIN FALLS	ID	USA	83301
PRESIDENT	ROBERT LOBB	3099 BOEHM ESTATE DRIVE	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of:  <b>ID C 175103</b>		6. Annual Report must be signed.* Signature: Arne B. Walker Name (type or print): Arne B. Walker Date: 10/28/2014 Title: Executive Director				
Processed 10/28/2014		* Electronically provided signatures are accepted as original signatures.				