No. C 180767	Reinstatement Annual Report Forr	2. Registered Agent and Office (NOT A
Return to:	ADMIN DISSOLVED 02/04/2010	P.O. BOX) TAMMY BRIGGS
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needer CORE WELLNESS SUPPORT, INC. PO Box 344 4060 EAST 300 NORTH-RIGBY ID 83442	
REINSTATEMENT FEE DUE: \$30.00		
4. Corporations: Enter Name Office Held Name	s and Business Addresses of President, Secretary, Direct	tors and(optional) Treasurer.
President To	Street or PO Address	City State Country Postal Code
Decolog Just	Street or PO Address LM my Brugg 39678 17010 72	70N Riefy ID Jefferson 834/2
		· · · · · · · · · · · · · · · · · · ·
5. Organized Under the Laws	of: 6.	
IDAHO	Signature: A	ic/A Date:3/10/10
C 180767	Name (type or print): Tammu B	rigas Title: President
ssued 02/26/2010 by KAH		UV

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.**

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Enter names and business addresses of president, secretary, and directors. **Note:** <u>Do not put "same as last year" or "same as above". These will not be accepted.</u>

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the corporation. Print or type the name of the signer below the signature.