| No. **W 62584** | **Due no later than May 31, 2013**<br>**Annual Report Form** | 2. Registered Agent and Address **(NO PO BOX)** |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br>**NO FILING FEE IF RECEIVED BY DUE DATE** | **1. Mailing Address: Correct in this box if needed.**<br>WELLNESS ENHANCEMENT CENTER LLC<br>ROSALIE JOHNSTON<br>950 IRONWOOD DR STE 2<br>COEUR D'ALENE ID 83814 | ROSALIE JOHNSTON<br>950 IRONWOOD DR STE 2<br>COEUR D'ALENE ID 83814<br><br>3. New 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 | ROSALIE JOHNSTON | 950 IRONWOOD DR STE 2 | COEUR D'ALENE | ID | USA | 83814 |

| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | |
|---|---|---|
| **ID**<br>**W 62584** | Signature: Rosalie Johnston | Date: 03/21/2013 |
| | Name (type or print): Rosalie Johnston | Title: Owner |

Processed 03/21/2013

* Electronically provided signatures are accepted as original signatures.