

No. W 27405		Due no later than Dec 31, 2015		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. WELLSPRING WELLNESS CENTER, LLC LEANN K PARKER 13001 N WINDY MEADOW AVE BOISE ID 83714		STEVEN E ALKIRE 1111 W JEFFERSON ST STE 530 BOISE ID 83702	
				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
MANAGER	LEANN K PARKER	13001 N. WINDY MEADOW AVE	BOISE	ID	83714
5. Organized Under the Laws of: ID W 27405		6. Annual Report must be signed.* Signature: Leann Parker Name (type or print): Leann Parker Date: 10/15/2015 Title: owner			
Processed 10/15/2015		* Electronically provided signatures are accepted as original signatures.			