

No. <b>W 82414</b>		<b>Due no later than Mar 31, 2016</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>		LAUREL CARTER 10 S. 1ST W. #B PRESTON ID 83263			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		WELLSPRING THERAPY CENTER, LLC LAUREL CARTER 10 S 1ST W B PRESTON ID 83263					
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	LAUREL CARTER	10 S 1ST W #B	PRESTON	ID	USA	83263	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 82414</b>		Signature: Laurel Carter			Date: 01/26/2016		
		Name (type or print): Laurel Carter			Title: Manager		
Processed 01/26/2016		* Electronically provided signatures are accepted as original signatures.					