

|  |                       |   |  |  |             |                |                      |
|--|-----------------------|---|--|--|-------------|----------------|----------------------|
| No. <b>W 82414</b>   |                       | <b>Due no later than Mar 31, 2016</b><br><b>Annual Report Form</b>  |  | 2. Registered Agent and Address ( <b>NO PO BOX</b> ) |             |                |                      |
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |                       | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>WELLSPRING THERAPY CENTER, LLC<br>LAUREL CARTER<br>10 S 1ST W<br>B<br>PRESTON ID 83263 |  | LAUREL CARTER<br>10 S. 1ST W. #B<br>PRESTON ID 83263 |             |                |                      |
| <b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>   |                       |   |  | 3. <u>New</u> Registered Agent Signature:*           |             |                |                      |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.       |                       |   |  |  |             |                |                      |
| Office Held<br>MANAGER   | Name<br>LAUREL CARTER | Street or PO Address<br>10 S 1ST W #B   |  | City<br>PRESTON                                      | State<br>ID | Country<br>USA | Postal Code<br>83263 |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 82414</b>                                 |                       | 6. Annual Report must be signed.*<br><br>Signature: Laurel Carter<br>Name (type or print): Laurel Carter<br><br>Date: 01/26/2016<br>Title: Manager      |  |  |             |                |                      |
| Processed 01/26/2016 * Electronically provided signatures are accepted as original signatures.     |                       |   |  |  |             |                |                      |