

No. W 58687

Due no later than January 31, 2008

Annual Report Form

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

TWIN FALLS INSTITUTE OF HOLISTIC ST
PO BOX 49
FILER, ID 83328

2. Registered Agent and Office NO PO BOX

JIMMIE E. PHILLIPS

3999 HWY 93

FILER, ID 83328

SUE V. PHILLIPS

3999 HWY 93

FILER ID 83328

NO FILING FEE IF

RECEIVED BY DUE DATE

3. New Registered Agent Signature

Sue V. Phillips

4. Limited Liability Companies: Enter Names and Addresses of Managers.

Office held	Name	Street or P.O. Address	City	State	Zip
PRESIDENT	SUE V. PHILLIPS	PO Box 49	FILER	ID	83328
VICE "	JIMMIE E. PHILLIPS	"	"	"	"
	street address →	3999 HWY 93	"	"	"

5. Organized Under the Laws of:

IDAHO
W 58687

6.

Signature

Sue V. Phillips

Date

11.12.07

Name

(Typed or Printed)

SUE V. PHILLIPS

Title

PRESIDENT

Issued 11/01/2007

Do Not Tape or Staple

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