

No. W 72005		Due no later than Mar 31, 2015 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. HEALTHWEAVE P.L.L.C. LEANNE M ROUSSEAU 17302 W DEER RIDGE RD POST FALLS ID 83854		DR LEANNE ROUSSEAU 17302 W DEER RIDGE RD POST FALLS 83854			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name DR LEANNE ROUSSEAU	Street or PO Address 17302 W DEER RIDGE RD		City POST FALLS	State ID	Country	Postal Code 83854
5. Organized Under the Laws of: ID W 72005		6. Annual Report must be signed.* Signature: Leanne Rousseau Name (type or print): Leanne Rousseau Date: 04/12/2015 Title: member					
Processed 04/12/2015 * Electronically provided signatures are accepted as original signatures.							