

No. <b>W 99051</b>	<b>Due no later than Dec 31, 2014</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b> HEALTHWELL VENTURES, LLC AMY E MEYER 308 N 15TH ST BOISE ID 83702 USA	DR ANDREW MYERS 308 N 15TH ST BOISE 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
MEMBER	ANDREW E MYERS	4504 W QUAIL RIDGE DRIVE	BOISE ID USA 83703
5. Organized Under the Laws of:  <b>ID W 99051</b>	6. Annual Report must be signed.* Signature: Amy Meyer Date: 10/20/2014 Name (type or print): Amy Meyer Title: Operations Manager		
Processed 10/20/2014		* Electronically provided signatures are accepted as original signatures.	