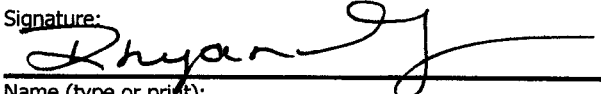


No. <b>W 116610</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 11/17/2015</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> RHYAN GARCIA 1799 N LAKES PL MERIDIAN ID 83642 <i>410 South Orchard Suite 184 Boise, ID 83705</i>																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>				1. <b>Mailing Address: Correct in this box if needed.</b> CENTER FOR CREATIVITY AND HEALING LLC (THE) PO BOX 190675 BOISE ID 83709	3. <u>New</u> Registered Agent Signature.																																	
4. <b>Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Rhyan Garcia</td> <td>PO Box 190675</td> <td>Boise</td> <td>ID</td> <td></td> <td>83705</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Rhyan Garcia	PO Box 190675	Boise	ID		83705	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <b>IDAHO</b> <b>W 116610</b>	6. Signature:  Name (type or print): <u>Rhyan Garcia</u>			Date: <u>12/28/15</u> Title: <u>Owner</u>																																		

Issued 12/29/2015 by online

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**