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|--|--------------------------|--|--|---|-------------|----------------|----------------------|
| No. W 61581 | | Due no later than Apr 30, 2016 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. HEALING WISDOM, LLC CANDACE MAGNUSON 216 N. ADAMS ST. MOSCOW ID 83843 | | CANDACE MAGNUSON 216 N. ADAMS ST. MOSCOW ID 83843 | | | |
| 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 MANAGER | Name CANDACE MAGNUSON | Street or PO Address 216 N. ADAMS ST. | | City MOSCOW | State ID | Country USA | Postal Code 83843 |
| 5. Organized Under the Laws of: ID W 61581 | | 6. Annual Report must be signed.* Signature: Candace Magnuson Name (type or print): Candace Magnuson Date: 02/24/2016 Title: Owner | | | | | |
| Processed 02/24/2016 * Electronically provided signatures are accepted as original signatures. | | | | | | | |