

No. **W 4596**

**Due no later than September 30, 2003  
Annual Report Form**

2. Registered Agent and Office **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 applicable

COEUR D'ALENE HEALING ARTS, PLLC  
520 COEUR D'ALENE AVE STE 100  
COEUR D'ALENE, ID 83814

TODD SCHLAPFER  
520 COEUR D'ALENE AVE STE 100

COEUR D'ALENE, ID 83814

3. New Registered Agent Signature

**NO FILING FEE IF  
RECEIVED BY DUE DATE**

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
	Todd Schlaffer, N.D.	520 Coeur d'Alene Ave #100	Coeur d'Alene	Id	83814

5. Organized Under the Laws of:

IDAHO  
W 4596

6.

Signature Todd Schlaffer Date 9-4-03

Name (Typed or Printed) Todd Schlaffer Title owner