No. W 167406 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Due no later than Jun 30, 2018 Annual Report Form 1. Mailing Address: Correct in this box if needed. WILLOW RIVER HEALING ILC MELANIE FARR BICE 2830 OLD OREGON RD		2. Registered Age	Registered Agent and Address (NO PO BOX) JON DAVID BICE 2830 OLD OREGON RD SODA SPRINGS ID 83276 New Peristered Agent Signatures*			
				2830 OLD ORE SODA SPRINGS				
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		SODA SPRING		3. <u>New</u> Registered	3. <u>New</u> Registered Agent Signature:*			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER MELANIE FARR BICE MEMBER JON DAVID BICE		2830 OLD OREGON ROAD 2830 OLD OREGON ROAD	SODA SPRINGS SODA SPRINGS	ID ID	USA USA	83276 83276		
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Melanie Bice		I	Date: 05/02/2018			
W 167406		Name (type or print): Melanie Bice		-	Title: Member			
Processed 05/02/20:	18	* Electronically p	rovided signatures are accepted as original	signatures.				