No. <b>W 84225</b>		Due no later than May 31, 2010		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		DONNA FOORD			
SECRETARY OF STATE	1. Mailing	1. Mailing Address: Correct in this box if needed.  CYCLES OF LIFE HEALTH CARE PLLC  DONNA J FOORD  30410 HWY 200 STE 101  PONDERAY ID 83852		30410 HWY 200 STE 101 PONDERAY ID 83852			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	DONNA J						
	PONDERAY			3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA						
4. Limited Liability Companies: Ent	er Names and Addre	sses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER DONNA J FOORD		61 PONDER POINT DR.	SANDPOINT	ID	USA	83864	
5. Organized Under the Laws of: 6. Annual Report must be signed.*		port must be signed.*					
ID	Signature:	Signature: Donna Foord PAC		Date: 04/10/2010			
W 84225	Name (type	e or print): Donna Foord PAC	Titl	Title: Manager partner			
Processed 04/10/2010	* Electronicall	* Electronically provided signatures are accepted as original signatures.					