

No. C 177739		Due no later than Mar 31, 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 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. LIFESTYLES THERAPY & WELLNESS CENTER, INC. M ANDREW MIX 276 EASTLAND DR N TWIN FALLS ID 83301		MERLEN ANDREW MIX 3212 WOODRIDGE DR TWIN FALLS ID 83301			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	MERLEN ANDREW MIX	276 EASTLAND DR N	TWIN FALLS	ID	USA	83301	
DIRECTOR	MERLEN ANDREW MIX	276 EASTLAND DR N	TWIN FALLS	ID	USA	83301	
SECRETARY	MERLEN ANDREW MIX	276 EASTLAND DR N	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID C 177739		6. Annual Report must be signed.* Signature: M. Andrew Mix Name (type or print): M. Andrew Mix					
		Date: 04/18/2016 Title: President					
Processed 04/18/2016		* Electronically provided signatures are accepted as original signatures.					