

No. W 4596		Due no later than Sep 30, 2009		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. COEUR D'ALENE HEALING ARTS, PLLC TODD SCHLAPFER 520 COEUR D ALENE AVE COEUR D ALENE ID 83814		TODD SCHLAPFER 520 COEUR D'ALENE AVE STE 100 COEUR D'ALENE ID 83814	
				3. <u>New</u> Registered Agent Signature:*	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
MEMBER	TODD SCHLAPFER	1000 W HUBBARD STE 120	COEUR D'ALENE	ID	USA 83814
5. Organized Under the Laws of: ID W 4596		6. Annual Report must be signed.* Signature: Dr. Todd Schlapfer Name (type or print): Dr. Todd Schlapfer Date: 07/21/2009 Title: Member			
Processed 07/21/2009		* Electronically provided signatures are accepted as original signatures.			