

<b>No. W 27405</b>	<b>Due no later than December 31, 2005</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE DATE</b>	<b>1. Mailing Address - Correct in this box, if applicable</b>  WELLSRING WELLNESS CENTER, LLC 5128 SHALECREST CT BOISE, ID 83703		STEVEN E ALKIRE 205 N TENTH ST STE 300 BOISE, ID 83702  3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Leann Parker</td> <td>5128 Shalecrest</td> <td>Boise</td> <td>ID</td> <td>83703</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	Leann Parker	5128 Shalecrest	Boise	ID	83703
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
President	Leann Parker	5128 Shalecrest	Boise	ID	83703										
5. Organized Under the Laws of:  IDAHO W 27405	6. <u>BW.</u> <u>Leann K. Parker</u> Date <u>11/23/05</u> Signature  Name <small>(Typed or Printed)</small> <u>Leann K. Parker</u> Title <u>President</u>														