

No. C 199472		Due no later than Aug 31, 2017 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. KOOTENAI HEALING ROOMS INC. KOOTENAI HEALING ROOMS 810 N HENRY ST #230 POST FALLS ID 83854		SHANNON ROZETT 810 N HENRY ST #230 POST FALLS ID 83854			
						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	
DIRECTOR	SHANNON ROZETT	810 N SIONY LN APT A	POST FALLS	ID	USA	83854	
SECRETARY	TOM WEADICK	5008 BELLEVILLE DR	COEURD,ALENE	ID	USA	83815	
PRESIDENT	BRUCE PRESTON	215 21ST ST	POST FALLS	ID	USA	83854	
5. Organized Under the Laws of: ID C 199472		6. Annual Report must be signed.* Signature: Shannon Rozett Name (type or print): Shannon Rozett					
		Date: 08/19/2017 Title: Director					
Processed 08/19/2017 * Electronically provided signatures are accepted as original signatures.							