

No. W 17216 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Nov 30, 2002 Annual Report Form 1. Mailing Address - Correct in this box, if applicable WELLBODY CLINIC LLC P.O. Box 841 355 W MYRTLE ST STE 102 Ketchum, ID 83340 BOISE, ID 83719	2. Registered Agent and Office NO PO BOX Anne Duney ROBERT C MONTGOMERY CHTD 355 W MYRTLE ST STE 102 360 Sun Valley Rd BOISE, ID 83719 Ketchum, ID 83340 3. New Registered Agent Signature x <i>[Signature]</i>												
4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </thead> <tbody> <tr> <td>Owner</td> <td>Anne Duney</td> <td>Box 841</td> <td>Ketchum</td> <td>ID</td> <td>83340</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	Owner	Anne Duney	Box 841	Ketchum	ID	83340
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Owner	Anne Duney	Box 841	Ketchum	ID	83340									
5. Organized Under the Laws of: <div style="text-align: center;">IDAHO W 17216</div>	6. Signature x <i>[Signature]</i> Date <u>27 Sep 02</u> Name (Typed or Printed) <u>Anne Duney</u> Title <u>owner</u>													

Issued 09/03/2002

Do Not Tape or Staple