No. W 61581 Return to:		Due no later than Apr 30, 2012 Annual Report Form		2. Registered Agent and Address (NO PO BOX) CANDACE MAGNUSON				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. HEALING WISDOM, LLC CANDACE MAGNUSON PO BOX 9152 MOSCOW ID 83843		ed.	216 N. ADAMS ST. MOSCOW ID 83843 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compan	nies: Enter Nar	mes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER	CANDACE M	AGNUSON	PO BOX 9152		MOSCOW	ID	USA	83843
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Candace Magnuson			Date: 03/08/2012			
W 61581		Name (type or print): Candace Magnuson			Title: Owner			
Processed 03/08/2012 * Electronically provided signatures are accepted as original signatures.								