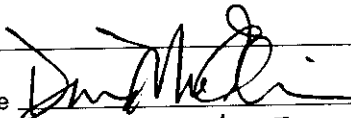


|                                                                                                                                                                                  |                                                                                                                                                                                                                 |                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>No. W 17962</b><br><br>Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> | <b>Due no later than Feb 28, 2003<br/>Annual Report Form</b><br><br><b>1. Mailing Address - Correct in this box, if applicable</b><br><br>NORTH END WELLNESS LLC<br><br>1502 FRANKLIN ST<br><br>BOISE, ID 83702 | <b>2. Registered Agent and Office NO PO BOX</b><br><br>DARLENE PHILLIPS<br>1502 FRANKLIN ST<br>ID<br>83702,<br><br><b>3. New Registered Agent Signature</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|

**4. Limited Liability Companies: Enter Names and Addresses of Members.**

| Office held | Name             | Street or P.O. Address | City  | State | Zip   |
|-------------|------------------|------------------------|-------|-------|-------|
| Member      | David McElwain   | 3331 Wagon Wheel       | Boise | ID    | 83702 |
| Member      | Kathleen Rose    | 4164 N Blenheim        | Boise | ID    | 83714 |
| Member      | BONITA K VESTER  | 1613 N. 20th St        | BOISE | ID    | 83702 |
| Member      | Darlene Phillips | 3833 S Sunnyside       | Boise | ID    | 83746 |

|                                                                |                                                                                                                                                                                             |
|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>5. Organized Under the Laws of:</b><br><br>IDAHO<br>W 17962 | <b>6.</b><br>Signature  Date <u>12/12/02</u><br>Name (Typed or Printed) <u>David McElwain</u> Title _____ |
|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|