No. <b>W 117364</b>		Due no later than Sep 30, 2013		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		CHRISTINE JUE 2033 W ANDERSON ST BOISE ID 83702				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.						
		WILLOW HAWK HEALING ARTS, LLC S. LORI JOHNSON MICHELLE MARKS CHRIS JUE 3858 N GARDEN CENTER WAY STE 204 BOISE ID 83703						
				3. <u>New</u> Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.								
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER S. LORI JOHNSON		HNSON	3858 N GARDEN CENTER WAY SU 204	JITE	BOISE	ID	USA	83703
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 117364		Signature: S.Lori JOhnson			Date: 07/15/2013			
		Name (type or print): S.Lori JOhnson			Title: Member			
Processed 07/15/2013		* Electronically provided signatures are accepted as original signatures.						