


No. W 21204	Due no later than October 31, 2005		2. Registered Agent and Office 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	Annual Report Form															
	1. Mailing Address - Correct in this box, if applicable HEALTH AND WELLNESS CENTER OF IDAHO 3422 SOUTH 145 EAST 2001 S. WOODRUFF #5 IDAHO FALLS, ID 83404		ERIC W PERTTULA 3675 COBBLESTONE LN IDAHO FALLS, ID 83404 3. <u>New</u> Registered Agent Signature													
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Eric W. Perttula</td> <td>2001 S. Woodruff #5</td> <td>Idaho Falls</td> <td>ID</td> <td>83404</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Manager	Eric W. Perttula	2001 S. Woodruff #5	Idaho Falls	ID	83404
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
Manager	Eric W. Perttula	2001 S. Woodruff #5	Idaho Falls	ID	83404											
5. Organized Under the Laws of: IDAHO W 21204		6.  Signature _____ Date <u>8-9-05</u> Name <small>(Typed or Printed)</small> <u>ERIC W. PERTTULA, M.D.</u> Title <u>OWNER</u>														

Issued 08/01/2005

Do Not Tape or Staple

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