No. **W 50305**	**Due no later than May 31, 2012** **Annual Report Form**	2. Registered Agent and Address **(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**	**1. Mailing Address: Correct in this box if needed.** MCCALL WELLNESS CENTER PLLC MARK D COLAFRANCESCHI 323 DEINHARD LANE STE B MCCALL ID 83638	MARK D COLAFRANCESCHI 323 DEINHARD LANE STE B MCCALL ID 83638 3. New Registered Agent Signature:*

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
MANAGER	MARK D COLAFRANCESCHI	323 DEINHARD LANE STE B	MCCALL	ID	USA	83638

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 50305**	Signature: Mdc	Date: 03/09/2012
	Name (type or print): Mdc	Title: Owner

Processed 03/09/2012

* Electronically provided signatures are accepted as original signatures.