

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                              |                               |                                                                                                                                           |              |              |            |                        |                    |                 |       |    |       |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------|------------|------------------------|--------------------|-----------------|-------|----|-------|--|--|
| No. <b>W 7043</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Due no la. <b>Ann.</b><br>1. Mailing Address - Corp<br>WELLNESS COUNSEL<br><del>310 N 2ND E STE 151</del> <b>2110 Midway Ave</b><br><del>REXBURG, ID 83440</del> <b>Ammon, ID 83406</b>                      |                               | 2. Registered Agent and Office <b>NO PO BOX</b><br><b>BARBARA G WEBSTER</b><br><b>310 N 2ND E STE 151</b><br><br><b>REXBURG, ID 83440</b> |              |              |            |                        |                    |                 |       |    |       |  |  |
| 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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 3. <u>New</u> Registered Agent Signature                                                                                                                                                                     |                               |                                                                                                                                           |              |              |            |                        |                    |                 |       |    |       |  |  |
| 4. Limited Liability Companies: Enter Names and Addresses of Members.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                              |                               |                                                                                                                                           |              |              |            |                        |                    |                 |       |    |       |  |  |
| <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;"><u>Office held</u></td> <td style="text-align: center;"><u>Name</u></td> <td style="text-align: center;"><u>Street or P.O. Address</u></td> <td style="text-align: center;"><u>City</u></td> <td style="text-align: center;"><u>State</u></td> <td style="text-align: center;"><u>Zip</u></td> </tr> <tr> <td style="vertical-align: top;">           Administrator<br/>           Owner         </td> <td style="vertical-align: top;">           Barbara G. Webster         </td> <td style="vertical-align: top;">           2110 Midway Ave         </td> <td style="vertical-align: top;">           Ammon         </td> <td style="vertical-align: top;">           ID         </td> <td style="vertical-align: top;">           83406         </td> </tr> </table> | <u>Office held</u>                                                                                                                                                                                           | <u>Name</u>                   | <u>Street or P.O. Address</u>                                                                                                             | <u>City</u>  | <u>State</u> | <u>Zip</u> | Administrator<br>Owner | Barbara G. Webster | 2110 Midway Ave | Ammon | ID | 83406 |  |  |
| <u>Office held</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <u>Name</u>                                                                                                                                                                                                  | <u>Street or P.O. Address</u> | <u>City</u>                                                                                                                               | <u>State</u> | <u>Zip</u>   |            |                        |                    |                 |       |    |       |  |  |
| Administrator<br>Owner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Barbara G. Webster                                                                                                                                                                                           | 2110 Midway Ave               | Ammon                                                                                                                                     | ID           | 83406        |            |                        |                    |                 |       |    |       |  |  |
| 5. Organized Under the Laws of:<br><br>IDAHO<br>W 7043                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 6. <br>Signature _____ Date <b>8-23-01</b><br>Name (Typed or Printed) <b>Barbara G. Webster</b> Title <b>Administrator</b> |                               |                                                                                                                                           |              |              |            |                        |                    |                 |       |    |       |  |  |

Issued 08/01/2001

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