

No. W 4596		Due no later than Sep 30, 2008 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		1. Mailing Address: Correct in this box if needed. COEUR D'ALENE HEALING ARTS, PLLC TODD SCHLAPFER 520 COEUR D ALENE AVE COEUR D ALENE ID 83814		TODD SCHLAPFER 520 COEUR D'ALENE AVE STE 100 COEUR D'ALENE ID 83814			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name TODD SCHLAPFER	Street or PO Address 1000 W HUBBARD STE 120		City COEUR D'ALENE	State ID	Country USA	Postal Code 83814
5. Organized Under the Laws of: ID W 4596		6. Annual Report must be signed.* Signature: Todd Schlapfer Name (type or print): Todd Schlapfer Date: 07/24/2008 Title: Member					
Processed 07/24/2008 * Electronically provided signatures are accepted as original signatures.							