FILED EFFECTIVE

No. W 54998	Reinstatement Annual Report Form ADMIN DISSOLVED 01/06/2009	2. Registered Agent and Office (NOT A P.O. BOX) TOBY MCLAUGHLIN 708 SUPERIOR ST STE B SANDPOINT ID 83864
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. SOLSTICE CENTER OF THE HEALING ARTS, L.L.C. ~~SUZANNE KAPLAN~~ Marc Vroman ~~P.O. BOX 2411~~ 520 N. BOYER SANDPOINT ID 83864 USA	3. New Registered Agent Signature.
REINSTATEMENT FEE DUE: $30.00		

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.

Manager/(Member) Name	Street or PO Address	City	State	Country	Postal Code
Marc Vroman	520 N. BOYER	SANDPOINT	ID	Bonner	83864

5. Organized Under the Laws of:	6.
IDAHO W 54998	Signature: Date: 2/8/11 Name (type or print): Marc Vroman Title: OWNER

Issued 01/13/2011 by DK1