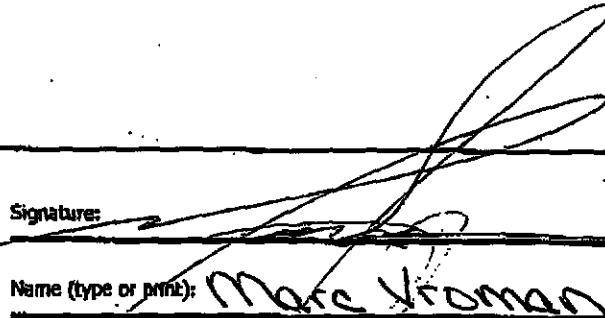


FILED EFFECTIVE

No. W 54998		Reinstatement Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX)													
ADMIN DISSOLVED 01/06/2009				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.																	
<table border="1"><thead><tr><th>Manager/Member Name</th><th>Street or PO Address</th><th>City</th><th>State</th><th>Country</th><th>Postal Code</th></tr></thead><tbody><tr><td colspan="6">Marc Vroman - 520 N. BOYER SANDPOINT ID 83864</td></tr></tbody></table>						Manager/Member Name	Street or PO Address	City	State	Country	Postal Code	Marc Vroman - 520 N. BOYER SANDPOINT ID 83864					
Manager/Member Name	Street or PO Address	City	State	Country	Postal Code												
Marc Vroman - 520 N. BOYER SANDPOINT ID 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																	