No. **W 72005**	**Due no later than Mar 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.** HEALTHWEAVE P.L.L.C. LEANNE M ROUSSEAU 17302 W DEER RIDGE RD POST FALLS ID 83854	DR LEANNE ROUSSEAU 17302 W DEER RIDGE RD POST FALLS ID 83854 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
MEMBER	DR LEANNE ROUSSEAU	17302 W DEER RIDGE RD	POST FALLS	ID	USA	83854

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 72005**	Signature: Leanne Rousseau	Date: 02/13/2012
	Name (type or print): Leanne Rousseau	Title: Member

Processed 02/13/2012

* Electronically provided signatures are accepted as original signatures.