No. <b>C 160750</b>		D	ue no later than May 31, 2012	2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		SHAWNA D	SHAWNA D WASKO			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF		1. Mailing Address: Correct in this box if needed.		50 - 10 00 00 00 00 00 00 00 00 00 00 00 00	315 FALLS AVENUE			
		WIDOWED WELLNESS PROGRAMS OF IDAHO, INC. SHAWNA D. WASKO 777 CANYON PARK AVENUE TWIN FALLS ID 83303-1238 USA		I WIN FALLS	TWIN FALLS ID 83303-1238			
				3. <u>New</u> Registe	3. <u>New</u> Registered Agent Signature:*			
RECEIVED BY D								
4. Corporations: Enter N	lames and Busin	ess Addresses of	f President, Secretary, and Directors. Treas	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	MILTON J PRUETT		824 MAIN STREET NORTH	KIMBERLY	ID	USA	83341	
TREASURER	SURER GEORGIA D		730 S COLLEGE	OAKLEY	ID	USA	83346	
5. Organized Under the Laws of:		6. Annual Repo	rt must be signed.*					
ID		Signature: S		Date: 04/16/2012				
C 160750		Name (type		Title: President				
C 100/3								