No. W 28793	Due no later than February 28, 2006	
Return to:	Annual Report Form	2. Registered Agent and Office NO PO BOX
SECRETARY OF STATE	1. Mailing Address - Correct in this box, if applicable	CYNTHIA R CULP
700 WEST JEFFERSON	ROCKY MOUNTAIN HEALTH AND WELLNESS	951 E PLAZA DR STE 110
PO BOX 83720	CYNTHIA R CULP	EAGLE, ID 83616
BOISE, ID 83720-0080	951 E PLAZA DR STF 110	-, -= 35515
1	EAGLE, ID 83616	
NO FILING FEE IF		2 Nov. B
RECEIVED BY DUE DATE		3. New Registered Agent Signature
4. Limited Liability Companie	o: Enter N	
om	s: Enter Names and Addresses of Members.	
Name	04	
Manhas P II - 2	<u>City</u>	State Zin
Moniser Cynthia K.	CUIP 1199 N. MACAILE WAY FOR	
•	/ -//	20 836/6
Member William T	1.009 10 1199 11 100 11 110	- 1 - 836/6
Member William J.	LUERS JR 1199 N. MACAILE WAY	Tayle ID 83616
Member William J.	City Culp 1199 N. Macaile Way Engle Luces JR 1199 N. Macaile Way	Tayle ID 83616
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Membel William J.	LUERS JR 1199 N. MACAILE WAY	Tayle ID 83616
		Tayle IO 83616
5. Organized Under the Laws of:	LURS JR 1199 N. MACAILE WAY	Tayle IO 83616
5. Organized Under the Laws of: IDAHO	6.	
5. Organized Under the Laws of:	6. Signature	Tayle ID 83616 Date 12/30/05
5. Organized Under the Laws of: IDAHO W 28793	6. Signature	Date 12/30/05
5. Organized Under the Laws of: IDAHO	6.	Date 12/30/05