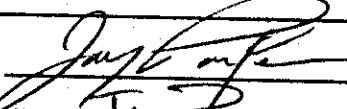


| | | | |
|--|--|--|---|
| No. W 27405 | Due no later than December 31, 2007 Annual Report Form | | 2. Registered Agent and Office NO PO BOX |
| Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address - Correct in this box, if applicable | | STEVEN E ALKIRE 205 N TENTH ST STE 300 BOISE, ID 83702 |
| | WELLSPRING WELLNESS CENTER, LLC 5128 SHALECREST CT BOISE, ID 83703 <i>13001 N. Windy Meadow Ave</i> <i>Boise Id 83714</i> | | |
| 3. <u>New</u> Registered Agent Signature | | | |

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

| <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> |
|--------------------|--------------|-------------------------------|-------------|--------------|------------|
| President | Leann Parker | 13001 N Windy Meadow Ave | Boise Id | 83714 | |
| Secretary | Jay Parker | 13001 N. Windy Meadow Ave | Boise Id | 83714 | |

| | | | |
|---|---|------------------------|----------------------|
| 5. Organized Under the Laws of: IDAHO W 27405 | 6. Signature  | | Date <u>10/17/07</u> |
| | Name (Typed or Printed) <u>Jay Parker</u> | Title <u>Secretary</u> | |

Issued 10/01/2007

Do Not Tape or Staple

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