No. W 65302		Due no later than Aug 31, 2009		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. PREMIER LIFE WELLNESS, LLC DR LORI GUMPER OR 480 BLUE LAKES BLVD TWIN FALLS ID 83301		480 BLUE LAK TWIN FALLS	DR LORI GUMPER 480 BLUE LAKES BLVD TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
200 December 200 D		mes and Address	es of at least one Member or Manager.	C:L.	Ct-t-	C	Dantal Cada	
MANAGER MANAGER			Street or PO Address 480 BLUE LAKES BLVD 480 BLUE LAKES BLVD	City TWIN FALLS TWIN FALLS	State ID ID	Country USA USA	Postal Code 83301 83301	
5. Organized Under the Laws of: ID W 65302		6. Annual Report must be signed.* Signature: REX M Wall Name (type or print): REX M Wall			Date: 09/06/2009 Title: Manger			
Processed 09/06/2009 * Electronically provided signatures are accepted as original signatures.								