No. W 58899		Due no later than Feb 28, 2018 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		1. Mailing Address: Correct in this box if needed. HEALING POINT, L.L.C. MEGGAN L BAUMGARTNER PO BOX 9381 MOSCOW ID 83843		520 1, MOSC	MEGGAN L BAUMGARTNER 520 1/2 S. MAIN ST., SUITE 1 MOSCOW ID 83843 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compan	ies: Enter Nai	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	MEGGAN L	BAUMGARTNER	PO BOX 9381	MOSCC)W ID		83843	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 58899		Signature: Meggan Baumgartner			Date: 12/27/2017			
		Name (type or print): Meggan Baumgartner			Title: member			
Processed 12/27/2017 * Electronically provided signatures are accepted as original signatures.								