No. C 161314	Due no later than July 31, 2006 Annual Report Form	2. Registered Agent and Office NO PO BOX
Retum to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct In this box, if applicable NORTHWEST HEALTH & WELLNESS, CHTD. 1087 W RIVER ST STE 320 BOISE, ID 83702	HEIDAL SUMMERS 1087 W RIVER ST STE 320 BOISE, ID 83702
NO FILING FEE IF RECEIVED BY DUE DATE		3. New Registered Agent Signature
Corporations: Enter Nan	nes and Business Addresses of President, Secret	ary and Directors.
	Street or P.O. Address Cit	
President Debbi Secretary Debbie	e Phillips 1087 w River St. Su Phillips 1087 w. River St. Suite	state ZID Lite 320 BOISE ID 8370; 320 BOISE ID 8370;
	e Phillips 1087 w River St. Su Phillips 1087 w. River St. Suite Signature Orange Name (Typed or Olbhire Phil)	11te 320 BOISE ID 83702 320 BOISE ID 83702