

No. W 54998		Due no later than Oct 31, 2016		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form		MARC VROMAN 520 N BOYER SANDPOINT ID 83864	
		1. Mailing Address: Correct in this box if needed. SOLSTICE CENTER OF THE HEALING ARTS, L.L.C. MARC VROMAN 520 N BOYER SANDPOINT ID 83864 USA		3. <u>New</u> Registered Agent Signature:*	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
MANAGER	MARC VROMAN	520 N BOYER	SANDPOINT	ID	83864
5. Organized Under the Laws of: ID W 54998		6. Annual Report must be signed.* Signature: Marc Vroman Name (type or print): Marc Vroman Date: 11/17/2016 Title: Manager			
Processed 11/17/2016		* Electronically provided signatures are accepted as original signatures.			