

No. <b>W 99051</b>		<b>Due no later than Dec 31, 2012</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  HEALTHWELL VENTURES, LLC AMY E MEYER 308 N 15TH ST BOISE ID 83702 USA		MYERS DR ANDREW 308 N 15TH ST BOISE ID 83702			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name ANDREW E MYERS	Street or PO Address 4504 W QUAIL RIDGE DRIVE		City BOISE	State ID	Country USA	Postal Code 83703
5. Organized Under the Laws of:  <b>ID</b> <b>W 99051</b>		6. Annual Report must be signed.*  Signature: Amy Meyer Name (type or print): Amy Meyer  Date: 10/11/2012 Title: Operations Administrator					
Processed 10/11/2012      * Electronically provided signatures are accepted as original signatures.							