

No. 421	Idaho Limited Liability Company Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX	
Return To:	Due No Later Than November 30, 1995		KAREN VAN DEGRIFT 1412 W WASHINGTON	
Secretary of State 700 W Jefferson P.O. Box 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	1. Mailing Address -- Please Correct If Not Correct IDAHO INSTITUTE OF WHOLISTIC ST KAREN VAN DEGRIFT 1412 W WASHINGTON		BOISE ID 83702	
	BOISE ID 83702		3. Organized Under The Laws of ID NO: 421	
4. Names and Addresses of ☒ Managers or ☒ Members (check one) MUST BE PRINTED OR TYPED				
Name	Street or P.O. Address	City	State	Zip
Karen Van DeGrift	1870 Hill Rd Terrace	Boise	(ID)	83702
Barbera Bashan	1721 N. 19th St.	Boise	(ID)	83702
Brandie Redinger	2801 James St.	Boise	(ID)	83703
5. Signature of the Current Registered Agent (If changed in block 2)		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>Karen VanDeGrift</u> Date <u>7/18/95</u> Name (Typed or Printed)		