

No. W 7043	Due no later than Oct 31, 2000 Annual Report Form	2. Registered Agent and Office 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	1. Mailing Address - Correct in this box, if applicable WELLNESS COUNSELING & CONNECTIONS, 310 N 2ND E STE 151 REXBURG, ID 83440	BARBARA G WEBSTER 310 N 2ND E STE 151 REXBURG, ID 83440 3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Sole Proprietor member/ manager</td> <td>Barbara G Webster</td> <td>310 N. 2nd E. Suite 151</td> <td>Rexburg</td> <td>ID</td> <td>83440</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	Sole Proprietor member/ manager	Barbara G Webster	310 N. 2nd E. Suite 151	Rexburg	ID	83440
Office held	Name	Street or P.O. Address	City	State	Zip									
Sole Proprietor member/ manager	Barbara G Webster	310 N. 2nd E. Suite 151	Rexburg	ID	83440									
5. Organized Under the Laws of: IDAHO W 7043	6. Signature <u>Barbara G Webster</u> Date <u>8-9-00</u> Name (Typed or Printed) <u>Barbara G Webster</u> Title: <u>Sole Proprietor</u>													

Issued 08/01/2000

Do Not Tape or Staple

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