

No. W 22		Due no later than Aug 31, 2015		Annual Report Form		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		1. Mailing Address: Correct in this box if needed. WHOLISTIC THERAPY CENTER, L.L.C. BRANDIE REDINGER 1412 W WASHINGTON BOISE ID 83702		BRANDIE REDINGER 1412 W WASHINGTON ST BOISE ID 83702-8370		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	
MEMBER	BRANDIE REDINGER	1412 W. WASHINGTON STREET	BOISE	ID		83702	
5. Organized Under the Laws of: ID W 22		6. Annual Report must be signed.* Signature: Brandie Redinger Name (type or print): Brandie Redinger		Date: 07/20/2015 Title: Owner			
Processed 07/20/2015		* Electronically provided signatures are accepted as original signatures.					