

No. W 20563		Due no later than Sep 30, 2010 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		1. Mailing Address: Correct in this box if needed. HEALTHY PROGRESSION OF TWIN FALLS, L.L.C. SCOTT M THOMPSON 421 2ND AVE E TWIN FALLS ID 83301 USA		SCOTT M THOMPSON 421 2ND AVE E TWIN FALLS ID 83301			
NO FILING FEE IF RECEIVED BY DUE DATE				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	SCOTT M THOMPSON	674 CARRIAGE LN N	TWIN FALLS	ID	USA	83301	
MEMBER	TEDI S THOMPSON	674 CARRIAGE LN N	TWIN FALLS	ID	USA	83318	
5. Organized Under the Laws of: ID W 20563		6. Annual Report must be signed.* Signature: Tedi Thompson Name (type or print): Tedi Thompson					
		Date: 07/20/2010 Title: Member					
Processed 07/20/2010 * Electronically provided signatures are accepted as original signatures.							