| No. W 3869 | | Due no later than Apr 30, 2011 | | 2. Registered | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|------------------------|--|-----------------------------------|------------------------|---|---------|-------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. HEALING ARTS, L.L.C. RAQUEL CROITORU 222 W IOWA AVE STE B NAMPA ID 83686 | | 222 IOWA A NAMPA ID | RAQUEL CROITORU 222 IOWA AVE STE A NAMPA ID 83686-0937 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar | | mes and Addresses | of at least one Member or Manager | | | | | |
| Office Held | Name | mes and Addresses | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER | 1EMBER RAQUEL CROITORL | | 325 RUTH LANE | NAMPA | ID | USA | 83651 | |
| 5. Organized Under the Laws of: ID W 3869 | | 6. Annual Report must be signed.* Signature: Raquel Croitoru Name (type or print): Raquel Croitoru | | | Date: 02/07/2011 Title: Md | | | |
| Processed 02/07/2011 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |