No. W 62584	Reinstatement Annual Report Form ADMIN DISSOLVED 08/07/2008	2. Registered Agent and Office (NOT A P.O. BOX) ROSALIE JOHNSTON 950 IRONWOOD DR STE 2 COEUR D'ALENE ID 83814
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 **REINSTATEMENT** **FEE DUE:** $30.00	**1. Mailing Address: Correct in this box if needed.** WELLNESS ENHANCEMENT CENTER LLC 950 IRONWOOD DR STE 2 COEUR D'ALENE ID 83814	3. New Registered Agent Signature. ~~N~~ Y N not new

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
owner	Rosalie Johnston	1701 Johnson Rd.	CdA	ID		83814
owner	Amanda Wilson	950 Ironwood Dr, ST 2	CdA	ID		83814

5. Organized Under the Laws of:	6.
IDAHO W 62584	Signature: Rosalie Johnston Date: 8/18/08 Name (type or print): Rosalie Johnston Title: owner

Issued 08/18/2008 by CLH