| No. C 176270 | Due no later than Dec 31, 2009 | 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. KOOTENAI HEALING ROOMS, INC. TOM WEADICK 810 N HENRY STE 300 POST FALLS ID 83854 | THOMAS WEADICK 810 N HENRY STE 300 POST FALLS ID 83854 3. New Registered Agent Signature:* | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional). | | | | | | |
| Office Held Name | Street or PO Address | City | State | Country | Postal Code | |
| PRESIDENT TOM WEAD TREASURER DAVID WAR | | POST FALLS RATHDRUM | ID ID | USA USA | 83854 83858 | |
| C. Ourseine della destitue de la consenti | C Annual Department to since d & | | | | | |
| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | | | | | |
| ID | Signature: David Warnick | Date: 12/30/2009 | | | | |
| C 176270 | C 176270 Name (type or print): David Warnick | | Title: Treasurer | | | |
| Processed 12/30/2009 | * Electronically provided signatures are accepted as original signatures. | | | | | |