

No. W 94093	Due no later than Jun 30, 2011 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. HEALING SCARS COUNSELING CENTER, LLC BERONICA SALAZAR 324 CALDWELL BLVD STE G NAMPA ID 83651		BERONICA SALAZAR 324 CALDWELL BLVD STE G NAMPA ID 83651			
			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
MANAGER	SALAZAR BERONICA	324 CALDWELL BLVD STE G	NAMPA	ID	USA	83651
5. Organized Under the Laws of: ID W 94093	6. Annual Report must be signed.* Signature: Beronica Salazar Name (type or print): Beronica Salazar		Date: 06/15/2011 Title: Managing Member			
Processed 06/15/2011		* Electronically provided signatures are accepted as original signatures.				