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|--|-----------------------|---|---------------|---|------------------|-------------|--|
| No. W 71518 | | Due no later than Feb 28, 2011 | | 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 | | Annual Report Form | | PAMELA S LANGENDERFER 518 N. 4TH ST. COEUR D'ALENE ID 83814 | | | |
| | | 1. Mailing Address: Correct in this box if needed. | | 3. <u>New</u> Registered Agent Signature:* | | | |
| | | LAKESIDE HOLISTIC HEALTH, PLLC JERRY L BAILEY II 518 N. 4TH ST. COEUR D ALENE ID 83814 | | | | | |
| 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 | PAMELA S LANGENDERFER | 518 N. 4TH ST. | COEUR D'ALENE | ID | USA | 83814 | |
| MEMBER | JERRY L BAILEY II | 518 N. 4TH ST. | COEUR D'ALENE | ID | USA | 83814 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 71518 | | Signature: Jerry L Bailey II | | | Date: 01/12/2011 | | |
| | | Name (type or print): Jerry L Bailey II | | | Title: Owner | | |
| Processed 01/12/2011 | | * Electronically provided signatures are accepted as original signatures. | | | | | |