

|                                                                                                    |                       |                                                                                                                                                                  |               |                                                                   |         |             |  |
|----------------------------------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------------------|---------|-------------|--|
| No. <b>W 71518</b>                                                                                 |                       | <b>Due no later than Feb 28, 2011</b><br><b>Annual Report Form</b>                                                                                               |               | 2. Registered Agent and Address ( <b>NO PO BOX</b> )              |         |             |  |
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |                       | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>LAKESIDE HOLISTIC HEALTH, PLLC<br>JERRY L BAILEY II<br>518 N. 4TH ST.<br>COEUR D ALENE ID 83814 |               | PAMELA S LANGENDERFER<br>518 N. 4TH ST.<br>COEUR D'ALENE ID 83814 |         |             |  |
| <b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>                                                   |                       |                                                                                                                                                                  |               | 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 |  |
| 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:<br><br><b>ID</b><br><b>W 71518</b>                                 |                       | 6. Annual Report must be signed.*<br><br>Signature: Jerry L Bailey II<br>Name (type or print): Jerry L Bailey II                                                 |               |                                                                   |         |             |  |
|                                                                                                    |                       | Date: 01/12/2011<br>Title: Owner                                                                                                                                 |               |                                                                   |         |             |  |
| Processed 01/12/2011                                                                               |                       | * Electronically provided signatures are accepted as original signatures.                                                                                        |               |                                                                   |         |             |  |