| No. C 153733 | | Due no later than Mar 31, 2009 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|----------------------------|---|--------------------|--|---------|-------------|--|
| Return to: | | Annual Report Form 1. Mailing Address: Correct in this box if needed. AVENUES TO WELLNESS, INC. MARLENE BIRD PO BOX 413 KUNA ID 83634-0413 | | MARLENE BIRD 10792 W OVERLAND RD BOISE ID 83709 3. New Registered Agent Signature:* | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | AVENUE MARLEN PO BOX | | | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 4. Corporations: Enter Names and | d Business Address | ses of President, Secretary, and Directors. Tre | asurer (optional). | | | | |
| Office Held Name | | Street or PO Address | City | State | Country | Postal Code | |
| PRESIDENT MARL | ENE BIRD | PO BOX 413 | KUNA | ID | USA | 83634-0413 | |
| 5. Organized Under the Laws of: | 6. Annual | 6. Annual Report must be signed.* | | | | | |
| ID | Signatu | Signature: Marlene Bird | | Date: 02/17/2009 | | | |
| C 153733 | Name (| type or print): Marlene Bird | | Title: Pres | | | |
| Processed 02/17/2009 | * Electroni | * Electronically provided signatures are accepted as original signatures. | | | | | |