

No. <b>W 88637</b>	<b>Due no later than Dec 31, 2012</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> INTRINSIC HEALING CENTER, LLC MARCELLA SLIGAR 534 MEADOWLARK WAY TWIN FALLS ID 83301		MARCELLA SLIGAR 534 MEADOWLARK WAY TWIN FALLS ID 83301			
			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	MARCELLA SLIGAR	534 MEADOWLARK WAY	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of:  <b>ID W 88637</b>	6. Annual Report must be signed.* Signature: Marcella Sligar Name (type or print): Marcella Sligar		Date: 11/25/2012 Title: Member			
Processed 11/25/2012		* Electronically provided signatures are accepted as original signatures.				