

No. W 18914		Due no later than Apr 30, 2012		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		RYLEN FEENEY 723 N 15TH ST BOISE ID 83702			
		1. Mailing Address: Correct in this box if needed. WELLSPRING SCHOOL FOR HEALING ARTS, LLC (THE) RACHAEL MYLES 723 N 15TH ST BOISE ID 83702 USA		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	RYLEN FEENEY	3116 HILLWAY DR	BOISE	ID	USA	83702	
MEMBER	RACHAEL E MYLES	1418 N 17TH STREETS	BOISE	ID	USA	83702	
5. Organized Under the Laws of: ID W 18914		6. Annual Report must be signed.* Signature: Rachael Myles Name (type or print): Rachael Myles Date: 03/07/2012 Title: Director of Operations, Member					
Processed 03/07/2012		* Electronically provided signatures are accepted as original signatures.					