

No. <b>W 42043</b>	<b>Due no later than Aug 31, 2008</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> TETON RIVER HEALTH & WELLNESS SERVICES, LLC BOYD KLINGLER 115 ELM AVE REXBURG ID 83440		BOYD KLINGLER 115 ELM AVE REXBURG ID 83440			
			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
MANAGER	BOYD KLINGLER	115 ELM AVE	REXBURG	ID	USA	83440
MANAGER	NICOLE KLINGLER	115 ELM AVE	REXBURG	ID	USA	83440
5. Organized Under the Laws of:  <b>ID</b> <b>W 42043</b>	6. Annual Report must be signed.* Signature: Boyd Klingler Name (type or print): Boyd Klingler		Date: 09/12/2008 Title: Manager			
Processed 09/12/2008		* Electronically provided signatures are accepted as original signatures.				