No. <b>W 144558</b> Return to:		Due no later than Nov 30, 2016  Annual Report Form		2. Registered Agent and Address (NO PO BOX)  ELISSA EVA 220 EAST AVE #336 KETCHUM ID 83340  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  HEALING CREEK L.L.C.  ELISSA EVA  PO BOX 14001  KETCHUM ID 83340	KETCHUM II				
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Cor	mpanies: Enter Nar	mes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	ELISSA EVA	220 EAST AVENUE	KETCHUM	ID	USA	83340	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Elissa Eva	Date: 09/27/2016				
W 144558		Name (type or print): Elissa Eva	Title: R	Title: Registered Agent			
Processed 09/27/2016 * Electronically provided signatures are accepted as original signatures.							