No. C 91292		Due no later than Jan 31, 2011 Annual Report Form 1. Mailing Address: Correct in this box if needed. WELL OF LIFE, INC. (THE) LELAND CALHOUN 3218 5TH STREET LEWISTON ID 83501 USA		2. Registered A	2. Registered Agent and Address (NO PO BOX) LELAND CALHOUN 3218 5TH STREET LEWISTON ID 83501 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				3218 5TH ST				
4. Corporations: Enter Na	mes and Busin	ess Addresses of	f President, Secretary, and Directors. Treasu	ırer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
TREASURER	SURER MAREEN HOWELL		1304 29TH ST	LEWISTON	ID	USA	83501	
DIRECTOR VIN HOWELL			1304 29TH ST	LEWISTON	ID	USA	83501	
SECRETARY	RY ELLEN M CALHOU		3218 5TH ST	LEWISTON	ID	USA	83501	
PRESIDENT	LELAND CALHOUN		3218 5TH ST	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 91292		Signature: Le	eland Calhoun		Date: 01/15/2011			
		Name (type	or print): Leland Calhoun		Title: President			
Processed 01/15/2011 * Electronically provided signatures are accepted as original signatures.								