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| No. J 1305 | Due no later than Jun 30, 2009 Annual Report Form | | 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 | 1. Mailing Address: Correct in this box if needed. FACETS OF HEALING, LLP A'CHANNAKICHIWA 717 VISTA AVE BOISE ID 83705 | | ACHANNA KICHIWA VALLE 717 VISTA AVE BOISE ID 83705 | | | |
| | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners. | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code |
| PARTNER | A CHANNA KICHIWA VALLE | 717 S. VISTA AVE. | BOISE | ID | USA | 83703 |
| PARTNER | JACQUELINE KENNEDY | 717 S. VISTA AVE. | BOISE | ID | USA | 83703 |
| 5. Organized Under the Laws of: ID J 1305 | 6. Annual Report must be signed.* Signature: A'Channa Kichiwa Valle Name (type or print): A'Channa Kichiwa Valle | | Date: 04/11/2009 Title: Partner | | | |
| Processed 04/11/2009 | | * Electronically provided signatures are accepted as original signatures. | | | | |