

No. W 1578		Due no later than Sep 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 1. Mailing Address: Correct in this box if needed. ORCHARDS NATUROPATHIC CENTER, LLC WINSTON V BEARD 2105 CORONADO IDAHO FALLS ID 83404		WINSTON V BEARD 2105 CORONADO IDAHO FALLS ID 83404			
				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	GARY LANE ORCHARD	216 CLIFF ST.	IDAHO FALLS	ID	USA	83402	
5. Organized Under the Laws of: ID W 1578		6. Annual Report must be signed.* Signature: Winston V. Beard Name (type or print): Winston V. Beard Date: 11/20/2012 Title: Registered Agent					
Processed 11/20/2012		* Electronically provided signatures are accepted as original signatures.					