No. <b>W 88637</b>		Due no later than Dec 31, 2011		2.	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		-	MARCELLA SLIGAR 534 MEADOWLARK WAY			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  INTRINSIC HEALING CENTER, LLC  MARCELLA SLIGAR  534 MEADOWLARK WAY  TWIN FALLS ID 83301			TWIN FALLS ID 83301  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compani	es: Enter Nar	mes and Addresses	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	(	City	State	Country	Postal Code
MEMBER MARCELLA SI		SLIGAR	534 MEADOWLARK WAY	-	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 88637		Signature: Marcella Sligar			Date: 10/10/2011			
		Name (type or print): Marcella Sligar			Title: Member			
Processed 10/10/2011	rocessed 10/10/2011 * Electronically provided signatures are accepted as original signatures.							