

No. C 188709		Due no later than Oct 31, 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. HEALING PLACE, INC. (THE) KHALI JB BERLIN 2311 PARKE AVE UNIT 3, SUITE 1 BURLEY ID 83318		KHALI JB BERLIH 2311 PARKE AVE UNIT 3, SUITE 1 BURLEY ID 83318			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
SECRETARY	JULIE M WILLIAMS	P.O BOX 427	BURLEY	ID	USA	83318	
PRESIDENT	KHALI JB BERLIN	P.O. BOX 427	BURLEY	ID	USA	83318	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 188709		Signature: Julie M. Williams				Date: 09/19/2012	
		Name (type or print): Julie M. Williams				Title: Secretary	
Processed 09/19/2012		* Electronically provided signatures are accepted as original signatures.					