No. **W 82414**	**Due no later than Mar 31, 2017** **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.** WELLSPRING THERAPY CENTER, LLC LAUREL CARTER 10 S 1ST W B PRESTON ID 83263	LAUREL CARTER 10 S. 1ST W. #B PRESTON ID 83263 3. New 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
MANAGER	LAUREL CARTER	10 S 1ST W #B	PRESTON	ID	USA	83263

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 82414**	Signature: Laurel Carter	Date: 01/25/2017
	Name (type or print): Laurel Carter	Title: President

Processed 01/25/2017

* Electronically provided signatures are accepted as original signatures.