No. <b>C 184468</b>	D	Due no later than Sep 30, 2011  Annual Report Form		Registered Agent and Address (NO PO BOX)  SHARON STRYKER  925 HALEY CT  MOUNTAIN HOME ID 83647			
Return to:							
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	HEALING RO	1. Mailing Address: Correct in this box if needed.  HEALING ROOMS OF MOUNTAIN HOME INC.  SHARON L STRYKER  925 HALEY CT					
NO FILING FEE IF RECEIVED BY DUE DATE		MOUNTAIN HOME ID 83647		3. New Registered Agent Signature:*			
4. Corporations: Enter Names and	l Business Addresses o	f President, Secretary, and Directors. Treas	urer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
TREASURER LUCILI	N BRADLEY LE HAMILTON DN L STRYKER	1010 E 17TH N 27096 INDIAN COVE 925 HALEY CT.	MOUNTAIN HOME HAMMETT MOUNTAIN HOME	ID	USA USA USA	83647-4367 83627 83647-4367	
5. Organized Under the Laws of:	6. Annual Repo	ort must be signed.*					
ID C 184468		Signature: Sharon L Stryker Name (type or print): Sharon L Stryker		Date: 07/18/2011 Title: Director			
Processed 07/18/2011	* Electronically provided signatures are accepted as original signatures.						