

No. <b>C 204953</b>		<b>Due no later than Feb 28, 2017</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  PEER WELLNESS CENTER, INC. PEER WELLNESS CENTER 963 S ORCHARD ST STE 101 BOISE ID 83705		MONICA FORBES 963 S ORCHARD STREET SUITE 101 BOISE ID 83705		
				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
DIRECTOR	JOHN NICKERSON	4444 TAFT STREET	BOISE	ID	USA	83707
VICE PRESIDENT	DORIAN WILLES	7450 THUNDERBOLT DRIVE	BOISE	ID	USA	83709
PRESIDENT	MONICA FORBES	3036 EASTGATE DRIVE	BOISE	ID	USA	83716
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
<b>ID C 204953</b>		Signature: Monica Forbes		Date: 03/16/2017		
		Name (type or print): Monica Forbes		Title: President		
Processed 03/16/2017		* Electronically provided signatures are accepted as original signatures.				