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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------------|---------|----------------------|--|
| No. <b>W 21204</b>                                                                                                                                     |                    | <b>Due no later than Oct 31, 2011</b>                                                                                                                                        |             | 2. Registered Agent and Address <b>(NO PO BOX)</b>             |         |                      |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                    | <b>1. Mailing Address: Correct in this box if needed.</b><br>HEALTH AND WELLNESS CENTER OF IDAHO, PLLC<br>SUSAN M INGLE<br>2001 S WOODRUFF #5<br>IDAHO FALLS ID 83404<br>USA |             | ERIC W PERTTULA<br>3675 COBBLESTONE LN<br>IDAHO FALLS ID 83404 |         |                      |  |
|                                                                                                                                                        |                    |                                                                                                                                                                              |             | 3. <u>New</u> 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                                                                                                                                                | ERIC W PERTTULA MD | 2001 S WOODRUFF #5                                                                                                                                                           | IDAHO FALLS | ID                                                             | USA     | 83404                |  |
| 5. Organized Under the Laws of:                                                                                                                        |                    | 6. Annual Report must be signed.*                                                                                                                                            |             |                                                                |         |                      |  |
| <b>ID<br/>W 21204</b>                                                                                                                                  |                    | Signature: Susan Ingle                                                                                                                                                       |             |                                                                |         | Date: 08/10/2011     |  |
|                                                                                                                                                        |                    | Name (type or print): Susan Ingle                                                                                                                                            |             |                                                                |         | Title: Offic Manager |  |
| Processed 08/10/2011                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                                                    |             |                                                                |         |                      |  |