

|  |                   |   |       |  |                  |             |  |
|--|-------------------|---|-------|--|------------------|-------------|--|
| No. <b>W 58687</b>   |                   | <b>Due no later than Jan 31, 2012</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>Annual Report Form</b>   |       | SUE V PHILLIPS<br>3999 HWY 93<br>FILER ID 83328    |                  |             |  |
|  |                   | <b>1. Mailing Address: Correct in this box if needed.</b>   |       | 3. <u>New</u> Registered Agent Signature:*         |                  |             |  |
|  |                   | TWIN FALLS INSTITUTE OF HOLISTIC STUDIES LLC<br>SUE V. PHILLIPS<br>3999 HIGHWAY 93<br>FILER ID 83328<br>USA |       |  |                  |             |  |
| 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 |  |
| MEMBER   | JIMMIE E PHILLIPS | 3999 HWY 93   | FILER | ID   | USA              | 83328       |  |
| MEMBER   | SUE V PHILLIPS    | 3999 HWY 93   | FILER | ID   | USA              | 83328       |  |
| 5. Organized Under the Laws of:  |                   | 6. Annual Report must be signed.*   |       |  |                  |             |  |
| <b>ID<br/>W 58687</b>  |                   | Signature: Sue V. Phillips  |       |  | Date: 02/28/2012 |             |  |
|  |                   | Name (type or print): Sue V. Phillips   |       |  | Title: Member    |             |  |
| Processed 02/28/2012   |                   | * Electronically provided signatures are accepted as original signatures.                                   |       |  |                  |             |  |