

No. W 71518	Due no later than Feb 29, 2012 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. LAKESIDE HOLISTIC HEALTH, PLLC JERRY L BAILEY II 518 N. 4TH ST. COEUR D ALENE ID 83814		PAMELA S LANGENDERFER 518 N. 4TH ST. COEUR D'ALENE ID 83814			
			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
MEMBER	PAMELA S LANGENDERFER	520 COEUR D ALENE AVE	COEUR D'ALENE	ID	USA	83814
MEMBER	JERRY L BAILEY II	520 COEUR D ALENE AVE	COEUR D'ALENE	ID	USA	83814
5. Organized Under the Laws of: ID W 71518	6. Annual Report must be signed.* Signature: Jerry L. bailey II Name (type or print): Jerry L. bailey II		Date: 12/09/2011 Title: Owner			
Processed 12/09/2011		* Electronically provided signatures are accepted as original signatures.				