No. **W 58979**	**Due no later than Feb 28, 2011** **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.** ANGEL WINGS CENTER OF HEALING, LLC BOBETTE R PAGE 477 SHOUP AVE STE 105 IDAHO FALLS ID 83402 USA	BOBETTE PAGE 477 SHOUP AVE STE 105 IDAHO FALLS ID 83402-3658 3. New 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	BOBETTE R PAGE	477 SHOUP AVE SUITE 105	IDAHO FALLS	ID	USA	83402-3658

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 58979**	Signature: Bobette R. Page	Date: 01/27/2011
	Name (type or print): Bobette R. Page	Title: Manager

Processed 01/27/2011

* Electronically provided signatures are accepted as original signatures.