

No. W 74592	Due no later than May 31, 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.		SCOTT MEADORS 729 W ARBOR POINTE W NAMPA ID 83686			
	SERENITY WELLNESS CENTER, LLC SCOTT L MEADORS 729 W ARBOR POINTE WY NAMPA ID 83686 USA		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	SCOTT MEADORS	729 W ARBOR POINTE WY	NAMPA	ID	USA	83686
MANAGER	COURTNEY MEADORS	729 W ARBOR POINTE WY	NAMPA	ID	USA	83686
5. Organized Under the Laws of: ID W 74592	6. Annual Report must be signed.* Signature: Scott Meadors Name (type or print): Scott Meadors		Date: 03/21/2011 Title: Manager			
Processed 03/21/2011		* Electronically provided signatures are accepted as original signatures.				