

No. <b>W 60359</b>		<b>Due no later than Mar 31, 2009</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  SANTE LONGEVITY CENTER, LLC 5120 OVERLAND STE C 211 BOISE ID 83705		DAVID DEHAAS 5120 OVERLAND STE C211 BOISE ID 83705			
				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	WENDY DEHAAS	5120 OVERLAND STE C211	BOISE	ID	USA	83705	
MANAGER	DAVID DEHAAS	5120 OVERLAND STE C 211	BOISE	ID	USA	83705	
5. Organized Under the Laws of:  <b>ID W 60359</b>		6. Annual Report must be signed.* Signature: David DeHaas Name (type or print): David DeHaas Date: 01/16/2009 Title: Manager					
Processed 01/16/2009		* Electronically provided signatures are accepted as original signatures.					