

No. W 18125		Due no later than Feb 28, 2011		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. PULSE HOLISTIC HEALTH L.L.C. APRIL CROWELL 725 N 15TH ST BOISE ID 83702		APRIL CROWELL 725 N 15TH ST BOISE ID 83702			
				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	NEDDA JASTREMSKY	303 N 2ND APT 1	BOISE	ID	USA	83702	
MEMBER	NATHAN MANDIGO	1717 S DIVISION	BOISE	ID	USA	83706	
MANAGER	APRIL CROWELL	1208 N 19TH	BOISE	ID	USA	83702	
MANAGER	JOAN HURST	825 N ARMSTRONG PL	BOISE	ID	USA	83704	
5. Organized Under the Laws of: ID W 18125		6. Annual Report must be signed.* Signature: Anna Rydman Name (type or print): Anna Rydman Date: 12/10/2010 Title: Office Manager					
Processed 12/10/2010		* Electronically provided signatures are accepted as original signatures.					