

No. W 88377		Due no later than Nov 30, 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		Annual Report Form 1. Mailing Address: Correct in this box if needed. MOSCOW HEALTH AND WELLNESS CENTER, P.L.L.C. KEVIN M SMITH 317 W 6TH ST STE 206 MOSCOW ID 83843		BAILEY LYNN SMITH 843 N GARFIELD ST MOSCOW ID 83843			
				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	KEVIN M SMITH	843 N GARFIELD ST	MOSCOW	ID	USA	83843	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 88377		Signature: Kevin M Smith, D.C.				Date: 09/18/2011	
		Name (type or print): Kevin M Smith, D.C.				Title: Owner	
Processed 09/18/2011		* Electronically provided signatures are accepted as original signatures.					