No. C 207025		Due no later than Aug 31, 2017		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			CHERIE CALBOM			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing A		4370 N BROOKIE DR. POST FALLS ID 83854				
		TRINITY WELLNESS INSTITUTE & SHOPPE INC. CHERIE CALBOM 4370 N BROOKIE DR POST FALLS ID 83854 USA						POST FALLS
				3. <u>New</u> Registe	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).								
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY JOHN E CAL			4370 N BROOKIE DR	POST FALLS	ID	USA	83854	
PRESIDENT CHERIE M (CALBOM	4370 N BROOKIE DR.	POST FALLS	ID	USA	83854	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 207025		Signature: Cl		Date: 06/22/2017				
		Name (type or print): Cherie Calbom			Title: President			
Processed 06/22/2017 * Electronically provided signatures are accepted as original signatures.								