No. W 55160		Due no later than October 31, 2008 Annual Report Form					2. Registered Agent and Office NO PO BOX	
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address - Correct in this box, if applicable					BRANETTE BEAN SOLACE 301 COLORADO ST MCCALL, ID 83638	
		SOLACE NATURAL MEDICINE, PLLC PO BOX 129 MCCALL, ID 83638						
NO FILING FEE IF RECEIVED BY DUE DATE			······································				3. <u>New</u> Registered /	Agent Signature
4. Limited Li	lability Compar	nies: Enter	Nam	es and	Addresses of	of Managers.		
Office held	Name	<u>Str</u>	reet or	P.O. Ad	dress	City	<u>State</u>	<u>Zip</u>
MANAGER	Branette	SHALE	Po	Box	129	micau	L ID	83418
MANAGER	Jones	Bean	Po	Box	129	mccau	_ F9	8 3 6 3 8
							9	\$.
		·			•			
5. Organized Under the Laws of: IDAHO W 55160			6. Signature				Date 8/20/08 Title Manager	
		Nam	e Pripado	CONAS	BEAN	Title _	* mage/	
Issued 08/06/2008			Do Not Tape or Staple				200810006380	

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