No. W 50305	Reinstatement Annual Report Form ADMIN DISSOLVED 08/05/2010	2. Registered Agent and Office (NOT A P.O. BOX) MARK D COLAFRANCESCHI 323 DEINHARD LANE STE B MCCALL ID 83638
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. MCCALL WELLNESS CENTER PLLC 323 DEINHARD LANE STE B MCCALL ID 83638	3. New Registered Agent Signature.
REINSTATEMENT FEE DUE: $30.00		

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager Member (circle one)	Mark D Colafrancesch	323 Deinhard Ln Ste B	McCall	ID	USA	83638

5. Organized Under the Laws of:	6.
IDAHO W 50305	Signature: [signature] Date: 8-15-11 Name (type or print): Mark D. Colafrancesch Title: Owner Manager

Issued 08/15/2011 by CLH