No. W 82026		Due no later than Mar 31, 2012		2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. HOPE FOR HEALING, LLC LINDA L HALTER 4525 SOUTH 15 EAST IDAHO FALLS ID 83404		LINDA HALTER 4525 SOUTH 15 EAST IDAHO FALLS ID 83404 3. New Registered Agent Signature:*				
								NO FILING FEE IF RECEIVED BY DUE DATE
4. Limited Liability Comp	oanies: Enter Na	mes and Address	ses of at least one Member or Manager					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER	LINDA L HALTER		4525 SOUTH 15 EAST		IDAHO FALLS	ID	USA	83404
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Linda Halter		Date: 02/29/2012				
W 82026		Name (type or print): Linda Halter			Title: Owner			
Processed 02/29/2012 * Electronically provided signatures are accepted as original signatures.								