

No. C 171322		Due no later than Feb 29, 2012 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. NURSE CONSULTING AND HYPNOSIS AND WELLNESS CENTER, INC. RENAY E. E VICKERS 450 POLELINE RD SP 93 TWIN FALLS ID 83301		RENAY VICKERS 450 POLELINE RD SP 93 TWIN FALLS ID 83301			
						3. <u>New</u> Registered Agent Signature:*	
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	
DIRECTOR	AMY LOUGHMILLER	450 POLELINE RD	TWIN FALLS	ID	USA	83301	
DIRECTOR	STEVEN TRACY	450 POLELINE RD	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID C 171322		6. Annual Report must be signed.* Signature: Renay Vickers Name (type or print): Renay Vickers					
		Date: 02/06/2012 Title: Ceo					
Processed 02/06/2012		* Electronically provided signatures are accepted as original signatures.					