

No. W 22		Due no later than Aug 31, 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		1. Mailing Address: Correct in this box if needed. WHOLISTIC THERAPY CENTER, L.L.C. BRENT MATHIEU 1412 W WASHINGTON BOISE ID 83702		BRENT MATHIEU 1412 W WASHINGTON BOISE ID 83702			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	BRANDIE REDINGER	2115 N 34TH	BOISE	ID	USA	83703	
MEMBER	BRENT MATHIEU	4130 PLUM	BOISE	ID	USA	83703	
5. Organized Under the Laws of: ID W 22		6. Annual Report must be signed.* Signature: Brent Mathieu Name (type or print): Brent Mathieu					
		Date: 06/18/2012 Title: Member					
Processed 06/18/2012 * Electronically provided signatures are accepted as original signatures.							