

No. <b>W 22</b>		<b>Due no later than Aug 31, 2012</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		BRENT MATHIEU 1412 W WASHINGTON BOISE ID 83702			
		<b>1. Mailing Address: Correct in this box if needed.</b> WHOLISTIC THERAPY CENTER, L.L.C. BRENT MATHIEU 1412 W WASHINGTON BOISE ID 83702		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:		6. Annual Report must be signed.*					
<b>ID W 22</b>		Signature: Brent Mathieu			Date: 06/18/2012		
		Name (type or print): Brent Mathieu			Title: Member		
Processed 06/18/2012		* Electronically provided signatures are accepted as original signatures.					