

No. W 58979

Due no later than February 29, 2008

Annual Report Form

Return to:

SECRETARY OF STATE  
450 NORTH FOURTH STREET  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

ANGEL WINGS CENTER OF HEALING, LLC  
808 PANCHER 477 Shoup Ave, Suite 107B  
IDAHO FALLS, ID 83402

2. Registered Agent and Office NO PO BOX

BOBETTE PAGE  
3400 MERLIN DR STE B  
IDAHO FALLS, ID ~~83404~~  
477 Shoup Ave, Suite 107B  
Idaho Falls, Id 83402

NO FILING FEE IF  
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
manager	Bobette R Page	167 12th St.	Idaho Falls	Idaho	83401

5. Organized Under the Laws of:

IDAHO

W 58979

6.

Signature

*Bobette R Page*

Date

12/12/07

Name (Typed or Printed)

Bobette R Page

Title

owner/manager

Issued 12/03/2007

Do Not Tape or Staple

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