No. W 111211		Due no later than Feb 28, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	PAIN TRE BRIAN TI 1350 PON	Annual Report Form 1. Mailing Address: Correct in this box if needed. PAIN TREATMENT SPECIALTIES LLC BRIAN TIBBETS 1350 POMERELLE AVE BURLEY ID 83318		BRIAN TIBBETS 1350 POMERELLE AVE BURLEY ID 83318 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
200	Names and Add	resses of at least one Member or Manager.	C'h	Chata	C	De atal Carta	
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER BRIAN T	IBBETS	312 S 950 W	HEYBURN	ID	USA	83336	
5. Organized Under the Laws of:	6. Annual R	eport must be signed.*					
ID	Signature	Signature: Brian Tibbets			Date: 03/17/2017		
W 111211	W 111211 Name (type or print): Brian Tibbets		Title: Manager				
Processed 03/17/2017	* Electronica	* Electronically provided signatures are accepted as original signatures.					