

No. W 53370		Due no later than Aug 31, 2018		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. IDAHO PAIN TREATMENT CENTER, LLC JAKE ERICKSON 98 POPLAR ST BLACKFOOT ID 83221		JAKE ERICKSON 98 POPLAR ST BLACKFOOT ID 83221			
				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	
MANAGER	JAKE ERICKSON	98 POPLAR ST	BLACKFOOT	ID		83221	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 53370		Signature: Jake Erickson				Date: 06/19/2018	
		Name (type or print): Jake Erickson				Title: Manager	
Processed 06/19/2018		* Electronically provided signatures are accepted as original signatures.					