

No. W 94218		Due no later than Jun 30, 2013		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. NEUROPATHY TREATMENT GROUP LLC 3855 W LORENZO EAGLE ID 83616		KALEY SPARLING 9703 W BLUE MEADOWS BOISE ID 83709			
				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	JAMES L SPARLING	9703 W BLUE MEADOWS	BOISE	ID	USA	83709	
5. Organized Under the Laws of: ID W 94218		6. Annual Report must be signed.* Signature: James Sparling Name (type or print): James Sparling Date: 04/23/2013 Title: Manager					
Processed 04/23/2013		* Electronically provided signatures are accepted as original signatures.					