

No. W 98525	Due no later than Dec 31, 2016 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.		CYNTHIA J MASON 11922 LA PAN DR. BOISE ID 83709			
	THREE OAKS INTEGRATIVE THERAPY CLINIC L.L.C. CYNTHIA J MASON 3551 E OVERLAND RD MERIDIAN ID 83642		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	CYNTHIA J MASON	11922 LA PAN DR.	BOISE	ID	USA	83709
5. Organized Under the Laws of: ID W 98525		6. Annual Report must be signed.* Signature: Cynthia J. Mason Name (type or print): Cynthia J. Mason Date: 12/12/2016 Title: Member				
Processed 12/12/2016		* Electronically provided signatures are accepted as original signatures.				