No. W 150055		Due no later than Apr 30, 2018		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. THERAPY WORKS, PLLC JACLYN CHAVEZ 3600 COUNTRY CLUB DR LEWISTON ID 83501 USA		3600 COUNT LEWISTON	JACLYN CHAVEZ 3600 COUNTRY CLUB DR LEWISTON ID 83501 3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE								
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	JACLYN ANN	I CHAVEZ	3600 COUNTRY CLUB DR	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Jach		Date: 03/22/2018				
W 150055		Name (type or		Title: Owner				
Processed 03/22/2018	ocessed 03/22/2018 * Electronically provided signatures are accepted as original signatures.							