

No. W 157174	Due no later than Oct 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	1. Mailing Address: Correct in this box if needed. RENEW CRYOTHERAPY LLC RENEW CRYOTHERAPY LLC 2410 EAST 25TH CIRCLE IDAHO FALLS ID 83404 USA		NORTHWEST REGISTERED AGENT LLC 784 S CLEARWATER LOOP STE B POST FALLS ID 83854				
NO FILING FEE IF RECEIVED BY DUE DATE			3. <u>New</u> Registered Agent Signature:*				
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name JARED M WEIMER	Street or PO Address 927 S WHEATFIELD LN	City IDAHO FALLS	State ID	Country USA	Postal Code 08306	
5. Organized Under the Laws of: ID W 157174	6. Annual Report must be signed.* Signature: Jared Weimer Name (type or print): Jared Weimer						Date: 09/03/2018 Title: CEO
Processed 09/03/2018	* Electronically provided signatures are accepted as original signatures.						