

|   |                       |   |  |   |             |                |                      |
|---|-----------------------|---|--|---|-------------|----------------|----------------------|
| No. <b>W 98202</b>  |                       | <b>Due no later than Nov 30, 2012</b><br><b>Annual Report Form</b>  |  | 2. Registered Agent and Address ( <b>NO PO BOX</b> )        |             |                |                      |
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080  |                       | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>PALOUSE ACUPUNCTURE, LLC<br>CASS MCLEAN<br>324 W A STREET<br>MOSCOW ID 83843 |  | CASS MABBUTT<br>200 S ALMON ST SUITE 102<br>MOSCOW ID 83843 |             |                |                      |
| <b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>  |                       |   |  | 3. <u>New</u> Registered Agent Signature:*                  |             |                |                      |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.        |                       |   |  |   |             |                |                      |
| Office Held<br>MEMBER   | Name<br>CASS M MCLEAN | Street or PO Address<br>324 W A STREET  |  | City<br>MOSCOW  | State<br>ID | Country<br>USA | Postal Code<br>83843 |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 98202</b>                                  |                       | 6. Annual Report must be signed.*<br><br>Signature: Cass McLean<br>Name (type or print): Cass McLean<br><br>Date: 12/17/2012<br>Title: Owner  |  |   |             |                |                      |
| Processed 12/17/2012      * Electronically provided signatures are accepted as original signatures. |                       |   |  |   |             |                |                      |