

No. <b>W 98202</b>		<b>Due no later than Nov 30, 2014</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  PALOUSE ACUPUNCTURE, LLC CASS MCLEAN 324 W A STREET MOSCOW ID 83843		CASS MABBUTT 200 S ALMON ST SUITE 102 MOSCOW ID 83843			
<b>NO FILING FEE IF 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	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	CASS M MABBUTT	324 W A STREET	MOSCOW	ID	USA	83843	
5. Organized Under the Laws of:  <b>ID</b> <b>W 98202</b>		6. Annual Report must be signed.*  Signature: Cass McLean Name (type or print): Cass McLean  Date: 09/23/2014 Title: Owner					
Processed 09/23/2014      * Electronically provided signatures are accepted as original signatures.							