No. W 170990	Di	Due no later than Aug 31, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		CRAIG J LAUDICINA			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	THERAPY 208 CRAIG J LAU 1915 W MAD	1. Mailing Address: Correct in this box if needed. THERAPY 208 LLC CRAIG J LAUDICINA 1915 W MADISON AVE BOISE ID 83702		1915 W MADISON AVE BOISE ID 83072-8370 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter	Names and Address	es of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER CRAIG J LAUDICINA		1915 W MADISON AVE	BOISE	ID	USA	83702-8370	
5. Organized Under the Laws of:	d Under the Laws of: 6. Annual Report must be signed.*						
ID	ID Signature: Craig Laudicina		Date: 06/25/2017				
W 170990	Name (type o	Name (type or print): Craig Laudicina		Title: Owner			
Processed 06/25/2017	* Electronically p	* Electronically provided signatures are accepted as original signatures.					