

No. W 87527		Due no later than Oct 31, 2012 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. CYCLE THERAPY, LLC ROBIN L SEASTROM 1542 FILLMORE STREET TWIN FALLS ID 83301		ROBIN L SEASTROM 1542 FILLMORE STREET TWIN FALLS ID 83301			
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 MANAGER	Name ROBIN L. SEASTROM	Street or PO Address 1542 FILLMORE STREET		City TWIN FALLS	State ID	Country USA	Postal Code 83301
5. Organized Under the Laws of: ID W 87527		6. Annual Report must be signed.* Signature: Robin Seastrom Name (type or print): Robin Seastrom Date: 08/13/2012 Title: Manager					
Processed 08/13/2012 * Electronically provided signatures are accepted as original signatures.							