

No. W 121220		Due no later than Jan 31, 2014		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. WESTERN IDAHO NEUROPATHY RELIEF CENTERS, LLC DONALD D. BALDWIN 415 S COACH LN COEUR D ALENE ID 83814		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA	
				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
MANAGER	DONALD D BALDWIN	415 S. COACH LANE	COEUR D ALENE	ID	USA 83814
5. Organized Under the Laws of: ID W 121220		6. Annual Report must be signed.* Signature: Donald Baldwin Date: 11/27/2013 Name (type or print): Donald Baldwin Title: Managing Member			
Processed 11/27/2013		* Electronically provided signatures are accepted as original signatures.			