No. **W 91753**	**Due no later than Mar 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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** STEREOPATHIC, LLC. LARSON W HICKS 744 S LOGAN ST MOSCOW ID 83843 USA	LARSON HICKS 744 S LOGAN ST MOSCOW ID 83843 3. New 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	LARSON W HICKS	744 S LOGAN	MOSCOW	ID	USA	83843

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 91753**	Signature: Larson HIcks	Date: 04/01/2012
	Name (type or print): Larson HIcks	Title: Manager

Processed 04/01/2012

* Electronically provided signatures are accepted as original signatures.