No. W 33534 Return to:		Due no later than Sep 30, 2012 Annual Report Form 1. Mailing Address: Correct in this box if needed. PMD THERAPIES, PLLC PAUL DYE 36 WINN DR STE 100 REXBURG ID 83440 USA			2. Registered Agent and Address (NO PO BOX) PAUL M DYE 3333 W 2000 N REXBURG ID 83440 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				REXBURG II				
NO FILING FEE IF RECEIVED BY DUE DATE								
200		mes and Addresses of at	least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	PAUL DYE		3333 WEST 2000 NORTH	REXBURG	ID	USA	83440	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Paul Dye		Γ	Date: 07/20/2012			
W 33534		Name (type or print)	٦	Title: Manager				
Processed 07/20/2012 * Electronically provided signatures are accepted as original signatures.								