No. <b>W 104119</b>		Due no later than Jun 30, 2018		2	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  BOISE YOGA THERAPY PLLC PAMELA J BROWN 2910 W. HAZEL ST. BOISE ID 83703			PAMELA J BROWN 2910 W. HAZEL ST BOISE ID 83703  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE			Jacob and Marshau ay Managay					
Office Held	Name	nes and Addresses of at	least one Member or Manager. Street or PO Address		City	State	Country	Postal Code
MANAGER			2910 W. HAZEL ST		BOISE	ID	USA	83703
5. Organized Under the Laws of:  ID  W 104119		6. Annual Report must be signed.* Signature: Pamela Brown			Date: 07/21/2018			
Processed 07/21/2018		Name (type or print): Pamela Brown Title: Owner  * Electronically provided signatures are accepted as original signatures.						