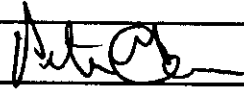


No. <b>W 69505</b>	<b>Due no later than December 31, 2008 Annual Report Form</b>	2. Registered Agent and Office <b>NO PO BOX</b>																		
Return to: <b>SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080</b>  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable  <b>ACUPUNCTURE WEST, LLC PETER GAMES 6003 OVERLAND RD STE 203 BOISE, ID 83709</b>	<b>PETER GAMES</b> <del>SECRETARY</del> <del>BOISE, ID 83702</del> <b>6003 OVERLAND RD STE 203 BOISE, ID 83709</b>  3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Managers.																				
<table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>MANAGER</td> <td>PETER GAMES</td> <td>6003 OVERLAND RD, STE 203</td> <td>BOISE</td> <td>ID</td> <td>83709</td> </tr> <tr> <td>MANAGER</td> <td>JENNIFER GAMES</td> <td>6003 OVERLAND RD, STE 203</td> <td>BOISE</td> <td>ID</td> <td>83709</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	MANAGER	PETER GAMES	6003 OVERLAND RD, STE 203	BOISE	ID	83709	MANAGER	JENNIFER GAMES	6003 OVERLAND RD, STE 203	BOISE	ID	83709
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5. Organized Under the Laws of:  <b>IDAHO W 69505</b>	6. Signature  LAc Date <b>10/15/08</b>  Name (Typed or Printed) <b>PETER GAMES</b> Title <b>MANAGER</b>																			

Issued 10/01/2008

**Do Not Tape or Staple**

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