No. <b>W 33534</b> Return to:		Due no later than Sep 30, 2015 Annual Report Form		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		1. Mailing Address: Correct in this box if needed.  PMD THERAPIES, PLLC PAUL M DYE 36 WINN DR STE 100 REXBURG ID 83440	REXBURG II				
NO FILING FEE IF RECEIVED BY DUE DATE		USA					
4. Limited Liability Compa	anies: Enter Na	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 W 2000 N	REXBURG	ID		83440	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 33534		Signature: Paul Dye		Date: 07/29/2015			
		Name (type or print): Paul Dye	T	Title: Owner			
Processed 07/29/2015 * Electronically provided signatures are accepted as original signatures.							