

No. <b>W 87527</b>		<b>Due no later than Oct 31, 2014</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  CYCLE THERAPY, LLC ROBIN L SEASTROM 1542 FILLMORE STREET TWIN FALLS ID 83301		ROBIN L SEASTROM 1542 FILLMORE STREET TWIN FALLS ID 83301			
				3. <u>New</u> 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	ROBIN L. SEASTROM	4022 CANYON RIDGE DRIVE	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 87527</b>		Signature: Robin Seastrom				Date: 08/26/2014	
		Name (type or print): Robin Seastrom				Title: Manager	
Processed 08/26/2014		* Electronically provided signatures are accepted as original signatures.					