

No. <b>W 121220</b>		<b>Due no later than Jan 31, 2015</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> WESTERN IDAHO NEUROPATHY RELIEF CENTERS, LLC DONALD D. BALDWIN 402 S COACH LN COEUR D ALENE ID 83814		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE 83705	
				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	DONALD D BALDWIN	415 S. COACH LANE	COEUR D ALENE	ID	USA 83814
5. Organized Under the Laws of:  <b>ID</b> <b>W 121220</b>		6. Annual Report must be signed.* Signature: Donald Baldwin Name (type or print): Donald Baldwin			
		Date: 12/03/2014 Title: Mng. Member			
Processed 12/03/2014		* Electronically provided signatures are accepted as original signatures.			