

No. W 115834		Due no later than Jul 31, 2014		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. PHOTONIC HEALING, LLC SHARON KATZKE PO BOX 894 MIDDLETON ID 83644		SHARON KATZKE 23236 STONE LN CALDWELL ID 83607	
				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	SHARON KATZKE	PO BOX 894	MIDDLETON	ID	USA 83644
5. Organized Under the Laws of:		6. Annual Report must be signed.*			
ID W 115834		Signature: Sharon Katzke Name (type or print): Sharon Katzke		Date: 05/21/2014 Title: President	
Processed 05/21/2014		* Electronically provided signatures are accepted as original signatures.			