

No. <b>W 182454</b>		Due no later than May 31, 2018		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>1. Mailing Address: Correct in this box if needed.</b>  KEYSTONE THERAPY, LLC KEYSTONE THERAPY 868 E RIVERSIDE DR 170 EAGLE ID 83616		MARIANNE JENSEN 2575 N TANGLEROSE PL EAGLE ID 83616			
				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	
MEMBER	SYDNEY STONE	868 E RIVERSIDE DR SUITE 170	EAGLE	ID	USA	83616	
5. Organized Under the Laws of:  <b>ID W 182454</b>		6. Annual Report must be signed.* Signature: Sydney Stone Name (type or print): Sydney Stone					
		Date: 03/19/2018 Title: Practice Manager					
Processed 03/19/2018		* Electronically provided signatures are accepted as original signatures.					