

No. W 26197	Due no later than Sep 30, 2014 Annual Report Form	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	1. Mailing Address: Correct in this box if needed. MYOFASCIAL RELEASE TREATMENT CENTER OF IDAHO, LLC LINDA CHATBURN 2404 W BANK DRIVE SUITE 101 BOISE ID 83705 USA	LINDA CHATBURN 6311 S PEPPERTREE AVE BOISE ID 83716-7114				
		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	LINDA CHATBURN	6311 S PEPPERTREE AVE	BOISE	ID	USA	83716
5. Organized Under the Laws of: ID W 26197	6. Annual Report must be signed.* Signature: Linda Chatburn Name (type or print): Linda Chatburn Date: 07/23/2014 Title: Member/Owner					
Processed 07/23/2014		* Electronically provided signatures are accepted as original signatures.				