

No. W 104119	Due no later than Jun 30, 2017 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. BOISE YOGA THERAPY PLLC PAMELA J BROWN 2910 W. HAZEL ST. BOISE ID 83703		PAMELA J BROWN 2910 W. HAZEL ST BOISE ID 83703			
			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	PAMELA J BROWN	2910 W. HAZEL ST	BOISE	ID	USA	83703
5. Organized Under the Laws of: ID W 104119	6. Annual Report must be signed.* Signature: Pamela J Brown Name (type or print): Pamela J Brown		Date: 06/09/2017 Title: Owner			
Processed 06/09/2017		* Electronically provided signatures are accepted as original signatures.				