No. **W 16597**	**Due no later than Sep 30, 2017**	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.** CIERRA THERAPY, L.L.C. MELINDA L HARMER PO BOX 5544 TWIN FALLS ID 83303-5544	MELINDA L HARMER 2016 WASHINGTON ST N STE 2 TWIN FALLS ID 83301 3. New 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	MELINDA L HARMER	2016 WASHINGTON STREET N STE 2	TWIN FALLS	ID	USA	83301

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 16597**	Signature: Melinda Harmer Name (type or print): Melinda Harmer	Date: 07/25/2017 Title: Owner
Processed 07/25/2017	* Electronically provided signatures are accepted as original signatures.	