

No. <b>W 143124</b>	<b>Due no later than Oct 31, 2016</b> <b>Annual Report Form</b>		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> HEAL THYSELF MD LLC THOMAS MURPHY 3880 E TIMBERSAW DR BOISE ID 83716		THOMAS MURPHY 3880 E TIMBERSAW DR BOISE ID 83716			
			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	THOMAS MURPHY	3880 E. TIMBERSAW DR.	BOISE	ID	USA	83716-5789
5. Organized Under the Laws of:  <b>ID</b> <b>W 143124</b>	6. Annual Report must be signed.* Signature: Thomas Murphy Name (type or print): Thomas Murphy		Date: 09/01/2016 Title: Manager			
Processed 09/01/2016		* Electronically provided signatures are accepted as original signatures.				