No. W 26197		Due no later than Sep 30, 2010			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		LINDA CHATBURN				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.			6311 S PEPPERTREE AVE BOISE ID 83716-7114			
		MYOFASCIAL RELEASE TREATMENT CENTER OF IDAHO, LLC LINDA CHATBURN 6311 S PEPPERTREE AVE						
		BOISE ID 83716-7114			3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	anies: Enter Nai	mes and Addres	ses of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER LINDA CHAT		BURN	6311 S PEPPERTREE AVE		BOISE	ID	USA	83716-7114
5. Organized Under the Laws of:		6. Annual Repo	ort must be signed.*					
ID		Signature: Linda Chatburn			Date: 07/09/2010			
W 26197		Name (type or print): Linda Chatburn			Title: Member/owner			
Processed 07/09/2010 * Electronically provided signatures are accepted as original signatures.								