

No. W 16597	Due no later than Sep 30, 2018 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. CIERRA THERAPY, L.L.C. MELINDA L HARMER P.O. BOX 5544 TWIN FALLS ID 83303-5544 USA	MELINDA L HARMER 2016 WASHINGTON ST N STE 2 TWIN FALLS ID 83301				
		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	MELINDA L HARMER	2016 WASHINGTON STREET N STE 2	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of: ID W 16597	6. Annual Report must be signed.* Signature: Melinda Harmer Name (type or print): Melinda Harmer		Date: 08/06/2018 Title: Owner			
Processed 08/06/2018		* Electronically provided signatures are accepted as original signatures.				