No. <b>W 126356</b>		Due no later than Jun 30, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE		Annual Report Form  1. Mailing Address: Correct in this box if needed.			MICHAEL TINGHITELLA 974 N WOODVALLEY PL		
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		CENTER FOR TRANSFORMATIVE PRACTICE, LLC CENTER FOR TRANSFORMATIVE PRACTICE, LLC PO BOX 2540 EAGLE ID 83616		EAGLE ID 83616  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		EAGLE ID 03					
4. Limited Liability Compa	nies: Enter Nai	mes and Addresse	es of at least one Member or Manager.				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
MEMBER MANAGER	MICHAEL TINGHITELLA CAROL KING		974 N WOODVALLEY PL 974 N WOODVALLEY PL	EAGLE EAGLE	ID ID	USA USA	83616 83616
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 126356		Signature: Michael Tinghitella		Date: 08/07/2017			
		Name (type o	r print): Michael Tinghitella	Title: Managing Member			
Processed 08/07/2017		* Electronically p	rovided signatures are accepted as original	signatures.			