

No. <b>W 53370</b>		<b>Due no later than Aug 31, 2015</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> IDAHO PAIN TREATMENT CENTER, LLC LOUIS KRAML 98 POPLAR ST BLACKFOOT ID 83221 USA		JAKE ERICKSON 98 POPLAR ST BLACKFOOT ID 83221	
				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	LOUIS KRAML	98 POPLAR ST	BLACKFOOT	ID	83221
5. Organized Under the Laws of:  <b>ID W 53370</b>		6. Annual Report must be signed.* Signature: LOUIS KRAML Name (type or print): LOUIS KRAML Date: 07/07/2015 Title: MANAGER			
Processed 07/07/2015		* Electronically provided signatures are accepted as original signatures.			