

No. <b>W 53370</b>		<b>Due no later than Aug 31, 2014</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	USA	83221	
MEMBER	JAKE ERICKSON	98 POPLAR STREET	BLACKFOOT	ID	USA	83221	
5. Organized Under the Laws of:  <b>ID W 53370</b>		6. Annual Report must be signed.* Signature: Jake Erickson Name (type or print): Jake Erickson Date: 06/10/2014 Title: Registered Agent					
Processed 06/10/2014		* Electronically provided signatures are accepted as original signatures.					