

No. W 16597		Due no later than Sep 30, 2009 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		1. Mailing Address: Correct in this box if needed. CIERRA THERAPY, L.L.C. PO BOX 5544 TWIN FALLS ID 83303-5544		CHERRI A SUTER 1201 FALLS AVE E # 36 TWIN FALLS ID 83301			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name CHERRI A SUTER	Street or PO Address PO BOX 5544		City TWIN FALLS	State ID	Country USA	Postal Code 83301
5. Organized Under the Laws of: ID W 16597		6. Annual Report must be signed.* Signature: Cherri A. Suter Name (type or print): Cherri A. Suter Date: 10/07/2009 Title: Co-Owner					
Processed 10/07/2009 * Electronically provided signatures are accepted as original signatures.							