No. **W 32838**	**Due no later than Aug 31, 2005** **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.** MUSCLE INFUSION, LLC 2251 N HOLMES AVE IDAHO FALLS ID 83401 0000	JENNIFER GOHR 2289 E 17TH ST IDAHO FALLS ID 83404 0000 3. New 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	JENNIFER GOHR	2289 E 17TH ST	IDAHO FALLS	ID		83404

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
IDAHO **W 32838**	Signature: Jennifer Gohr	Date: 09/19/2005
	Name (type or print): Jennifer Gohr	Title: Manager

Processed 09/19/2005

* Electronically provided signatures are accepted as original signatures.