No. W 165616		Due no later than Apr 30, 2018		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		VANETTA SERVOSS 1049 E 1400 N SHELLEY ID 83274-8327				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. EAST IDAHO MYOFASCIAL RELEASE, LLC VANETTA SERVOSS 1049 E 1400 N						
		SHELLEY ID 83274			3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companies:	: Enter Nar	mes and Addresses	of at least one Member or Manager.					
Office Held Na	ime		Street or PO Address		City	State	Country	Postal Code
MANAGER VANETTA CA		ALL SERVOSS	1049 E 1400 N		SHELLEY	ID	USA	83274
5. Organized Under the Laws of:		6. Annual Report r	nust be signed.*					
ID		Signature: Vanetta Servoss		Date: 03/22/2018				
W 165616		Name (type or print): Vanetta Servoss		Title: Owner/Registered Agent				
Processed 03/22/2018 * Electronically provided signatures are accepted as original signatures.								