

No. <b>W 16597</b>		<b>Due no later than Sep 30, 2010</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>  CIERRA THERAPY, L.L.C. CHERRI A SUTER PO BOX 5544 TWIN FALLS ID 83303-5544 USA		CHERRI A SUTER 1201 FALLS AVE E # 36 TWIN FALLS ID 83301			
				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	
MEMBER	CHERRI A SUTER	PO BOX 5544	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 16597</b>		Signature: Cherri A Suter				Date: 09/13/2010	
		Name (type or print): Cherri A Suter				Title: Co-Owner	
Processed 09/13/2010		* Electronically provided signatures are accepted as original signatures.					