ALAMOSTA MARINE WAS ASSESSED AS AS ASSESSED AS ASSESSED.		ter than Mar 31, 2014	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		PALOUSE ACUPUNCTURE LLC			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.		200 S ALMON ST STE 102 MOSCOW ID 83843			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	LOTUS TRANSFORMATIONS, LLC DANIELLE WATSON 1590 NE NORTHWOOD E202		MOSCOW ID 63643			
	PULLMAN WA 99163		3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	те					
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 DANIELLE M	WATSON	1590 NE NORTHWOOD DR E202	PULLMAN	WA	USA	99163
5. Organized Under the Laws of: 6. Annual Report must be signed.*						
ID	Signature: Danielle Watson		Date: 04/16/2014			
W 123104	W 123104 Name (type or print): Danielle Watson		Title: Owner			
Processed 04/16/2014	* Electronically provided signatures are accepted as original signatures.					