

No. <b>W 87527</b>		<b>Due no later than Oct 31, 2018</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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  CYCLE THERAPY, LLC ROBERT KERVIAN 456 SEASTROM STREET TWIN FALLS ID 83301		BOB SEASTROM 456 SEASTROM STREET 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	
MANAGER	ROBERT SEASTROM	456 SEASTROM STREET	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:  <b>ID W 87527</b>		6. Annual Report must be signed.* Signature: Tiffany Scott Name (type or print): Tiffany Scott					
		Date: 08/20/2018 Title: ACCOUNTANT					
Processed 08/20/2018		* Electronically provided signatures are accepted as original signatures.					