

No. W 94218		Due no later than Jun 30, 2015 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		1. Mailing Address: Correct in this box if needed. NEUROPATHY TREATMENT GROUP LLC JAMES L SPARLING 3855 W LORENZO EAGLE ID 83616		KALEY SPARLING 9703 W BLUE MEADOWS BOISE 83709			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name JAMES L SPARLING	Street or PO Address 9703 W BLUE MEADOWS		City BOISE	State ID	Country USA	Postal Code 83709
5. Organized Under the Laws of: ID W 94218		6. Annual Report must be signed.* Signature: W Jones Name (type or print): W Jones Date: 04/20/2015 Title: Owner					
Processed 04/20/2015 * Electronically provided signatures are accepted as original signatures.							