

No. W 115834		Due no later than Jul 31, 2017 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. PHOTONIC HEALING, LLC SHARON KATZKE PO BOX 831 KUNA ID 83634		SHARON KATZKE 13100 S FIVE MILE RD KUNA ID 83634			
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 SHARON KATZKE	Street or PO Address PO BOX 831		City KUNA	State ID	Country USA	Postal Code 83634
5. Organized Under the Laws of: ID W 115834		6. Annual Report must be signed.* Signature: Sharon Katzke Name (type or print): Sharon Katzke Date: 05/18/2017 Title: President					
Processed 05/18/2017 * Electronically provided signatures are accepted as original signatures.							