No. <b>W 160883</b> Return to:		Due no later than Jan 31, 2018  Annual Report Form			Registered Agent and Address (NO PO BOX)     ANGELA BECKMAN			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  COMFY TUMMY COLON THERAPY LLC (THE)  ANGELA BECKMAN  18537 LONKEY LANE  CALDWELL ID 83607		CALDWELL	18537 LONKEY LANE CALDWELL ID 83607-8360  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Na	mes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	AGER ANGELA BECKMAN		18537 LONKEY LANE	CALDWELL	ID	USA	83607	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: An		Date: 02/21/2018				
W 160883		Name (type o		Title: Owner				
Processed 02/21/2018 * Electronically provided signatures are accepted as original signatures.								