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|--|---|---|-----------------------------------|
| No. <b>W 26197</b>   | <b>Due no later than Sep 30, 2013</b><br><b>Annual Report Form</b>  | 2. Registered Agent and Address <b>(NO PO BOX)</b>                        |                                   |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> | <b>1. Mailing Address: Correct in this box if needed.</b><br>MYOFASCIAL RELEASE TREATMENT CENTER OF IDAHO, LLC<br>LINDA CHATBURN<br>2404 W BANK DRIVE<br>SUITE 101<br>BOISE ID 83705<br>USA | LINDA CHATBURN<br>6311 S PEPPERTREE AVE<br>BOISE ID 83716-7114            |                                   |
|  |   | 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  | LINDA CHATBURN  | 6311 S PEPPERTREE AVE   | BOISE ID USA 83716                |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 26197</b>   | 6. Annual Report must be signed.*<br>Signature: Linda Chatburn<br>Name (type or print): Linda Chatburn  |   | Date: 07/14/2013<br>Title: Member |
| Processed 07/14/2013   |   | * Electronically provided signatures are accepted as original signatures. |                                   |