

No. <b>W 16597</b>		<b>Due no later than Sep 30, 2015</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>1. Mailing Address: Correct in this box if needed.</b> CIERRA THERAPY, L.L.C. MELINDA L HARMER PO BOX 5544 TWIN FALLS ID 83303-5544 USA		MELINDA L HARMER 2016 WASHINGTON ST N STE 2 STE 2 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	MELINDA L HARMER	2016 WASHINGTON STREET N STE 2	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:  <b>ID W 16597</b>		6. Annual Report must be signed.* Signature: MELINDA HARMER Name (type or print): MELINDA HARMER Date: 07/28/2015 Title: OWNER					
Processed 07/28/2015		* Electronically provided signatures are accepted as original signatures.					