No. <b>W 160883</b>		Due no later than Jan 31, 2017			2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  COMFY TUMMY COLON THERAPY LLC (THE)  ANGELA BECKMAN  18537  CALDWELL ID 83607		18537 LONKE CALDWELL I	ANGELA BECKMAN  18537 LONKEY LANE CALDWELL ID 83607-8360  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Comp	anies: Enter Na	mes and Address	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	ANGELA BECKMAN		18537 LONKEY LANE	CALDWELL	ID	USA	83607	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Angela Beckman			Date: 02/16/2017			
W 160883		Name (type o		Title: Owner				
Processed 02/16/2017 * Electronically provided signatures are accepted as original signatures.								