

No. W 98202	Due no later than Nov 30, 2015 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. PALOUSE ACUPUNCTURE, LLC CASS MCLEAN 324 W A STREET MOSCOW ID 83843	CASS MABBUTT 619 S WASHINGTON STREET STE 202 MOSCOW ID 83843			
		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
MEMBER	CASS M MABBUTT	324 W A STREET	MOSCOW	ID	USA 83843
5. Organized Under the Laws of: ID W 98202	6. Annual Report must be signed.* Signature: Cass McLean Name (type or print): Cass McLean		Date: 09/23/2015 Title: Owner		
Processed 09/23/2015		* Electronically provided signatures are accepted as original signatures.			