

No. <b>W 56002</b>		<b>Due no later than Nov 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>  FREEDOM THERAPY LLC JARED C LOWRY 3951 WILLOW RIDGE DR IDAHO FALLS ID 83406 USA		JARED C LOWRY 3951 WILLOW RIDGE DR. IDAHO FALLS ID 83406			
				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	CAMILLE LOWRY	3951 WILLOW RIDGE DR.	IDAHO FALLS	ID	USA	83406	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 56002</b>		Signature: Jared Lowry				Date: 09/19/2015	
		Name (type or print): Jared Lowry				Title: Owner	
Processed 09/19/2015		* Electronically provided signatures are accepted as original signatures.					