No. <b>W 111211</b>		Due no later than Feb 28, 2015	2. Registered A	2. Registered Agent and Address (NO PO BOX) BRIAN TIBBETS			
Return to:		Annual Report Form					
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  PAIN TREATMENT SPECIALTIES LLC BRIAN TIBBETS 1350 POMERELLE AVE BURLEY ID 83318	1350 POMERELLE AVE BURLEY 83318  3. New Registered Agent Signature:*				
RECEIVED BY		mes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	BRIAN TIBBE		HEYBURN	ID	USA	83336	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Crystal Hobza	Da	Date: 12/16/2014			
W 111211		Name (type or print): Crystal Hobza	Tit	Title: Office Manager			
Processed 12/16/20:	14	* Electronically provided signatures are accepted as original signatures	gnatures.				