

# Kentucky Secretary of State Annual Report

**This Annual Report was submitted electronically**

**Company** NATURAL PAIN RELIEF, LLC  
**Company ID** 0555757.06.99999  
**Date Filed** 9/1/2004  
**Fee** \$15.00

## **Principal Office**

C/O SCOT W. PIERCE  
PO BOX 11721  
LEXINGTON, KY 40577

## **Registered Agent**

J. ROBERT LYONS, JR.  
200 WEST VINE ST., 5TH FLOOR  
LEXINGTON, KY 40507

## **Members / Managers**

Manager	scott windsor pierce	po box 11721 lexington, ky 40577
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## **Signatures**

**Signature** Scott W. Pierce  
**Title** President