

No. W 97498		Due no later than Oct 31, 2012		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. DOCTOR ANNETTE HASALONE, LLC ANNETTE L HASALONE 4353 E POLELINE AVE POST FALLS ID 83854		ANNETTE HASALONE 4353 E POLELINE AVE POST FALLS ID 83854	
				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	ANNETTE L HASALONE	4353 E POLELINE AVE	POST FALLS	ID	USA 83854
5. Organized Under the Laws of:		6. Annual Report must be signed.*			
ID W 97498		Signature: Annette Hasalone Name (type or print): Annette Hasalone		Date: 12/18/2012 Title: Member	
Processed 12/18/2012		* Electronically provided signatures are accepted as original signatures.			