No. W 137274				2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720	ALIGN I	Annual Report Form 1. Mailing Address: Correct in this box if needed. ALIGN HEALTH INTEGRATED SPINE AND SPORT CENTER, PLLC MICHAEL WIDMANN 1019 E ALDAPE CV BOISE ID 83712		MICHAEL WIDMANN, DC 1019 E ALDAPE CV BOISE ID 83712			
NO FILING FEE IF RECEIVED BY DUE DATE	MICHAI 1019 E			3. <u>New</u> Registered Agent Signature:*			
200 000 000 000 000 000 000 000 000 000	ter Names and A	ldresses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER MICHA	AEL WIDMANN	1019 E ALDAPE CV	BOISE	ID	USA	83712	
5. Organized Under the Laws of:	6. Annual	Report must be signed.*					
ID	Signati	ıre: Michael Widmann	Date: 04/26/2018				
W 137274	Name	type or print): Michael Widmann	Title: Owner				
Processed 04/26/2018	* Electron	* Electronically provided signatures are accepted as original signatures.					