No. W 137200		Due no later than Apr 30, 2015		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		JOSH SEARS 2752 S GOSHEN BOISE 83709			
SECRETARY OF STATE	1. Mailin	1. Mailing Address: Correct in this box if needed.					
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	ANDREA A	ALLIANCE CONCIERGE CARE, PLLC ANDREA AXTELL 228 E WOODLANDER DR EAGLE ID 83616		BOISE 63709			
	EAGLE ID			3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA						
4. Limited Liability Companies: Er	iter Names and Addr	esses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER ANDR	EA AXTELL	228 E. WOODLANDER DR.	EAGLE	ID	USA	83616	
5. Organized Under the Laws of: 6. Annual Report must be signed.*							
ID	Signature	Signature: Andrea Axtell			Date: 03/20/2015		
W 137200	Name (typ	Name (type or print): Andrea Axtell Title: MD					
Processed 03/20/2015	* Electronica	* Electronically provided signatures are accepted as original signatures.					