

No. W 140826	Due no later than Aug 31, 2015 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. ADVANCED CLINICAL INTEGRATION, LLC SARAH DACCARETT 1850 TRAVERTINE WAY BOISE ID 83712		MARCOS DACCARETT, MD 1850 TRAVERTINE WAY BOISE ID 83712			
NO FILING FEE IF RECEIVED BY DUE DATE			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held MANAGER	Name SARAH DACCARETT	Street or PO Address 1850 TRAVERTINE WAY	City BOISE	State ID	Country USA	Postal Code 83712
5. Organized Under the Laws of: ID W 140826	6. Annual Report must be signed.* Signature: Sarah Daccarett Name (type or print): Sarah Daccarett Date: 07/01/2015 Title: Owner					
Processed 07/01/2015	* Electronically provided signatures are accepted as original signatures.					