

No. W 144425		Due no later than Nov 30, 2015		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. COEUR D'ALENE MEDISPA P.L.L.C. DR KATE KUHLMAN-WOOD MD 1875 N LAKEWOOD DR STE 200 COEUR D ALENE ID 83814		DR KATE KUHLMAN-WOOD MD 1875 N LAKEWOOD DR STE 200 COEUR D ALENE ID 83814	
				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	JENNIFER MILEY	1875 N LAKEWOOD DR STE 200	COEUR D ALENE	ID	USA 83814
5. Organized Under the Laws of: ID W 144425		6. Annual Report must be signed.* Signature: Jennifer Miley Name (type or print): Jennifer Miley Date: 09/18/2015 Title: COO			
Processed 09/18/2015		* Electronically provided signatures are accepted as original signatures.			