

No. W 13469		Due no later than Nov 30, 2017 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. ANCIENT LAKE ACUPUNCTURE AND ORIENTAL MEDICINE CLINIC, L.L.C. CARLITO RHO ZARAGOZA 11076 NORTH GOVERNMENT WAY HAYDEN ID 83835 USA		CARLITO RHO ZARAGOZA 11076 NORTH GOVERNMENT WAY HAYDEN ID 83835			
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	Name	Street or PO Address		City	State	Country	Postal Code
MEMBER	CARLITO RHO ZARAGOZA	11076 NORTH GOVERNMENT WAY		HAYDEN	ID	83835	
5. Organized Under the Laws of: ID W 13469		6. Annual Report must be signed.* Signature: Carlo R Zaragoza Name (type or print): Carlo R Zaragoza					
		Date: 09/21/2017 Title: Member					
Processed 09/21/2017 * Electronically provided signatures are accepted as original signatures.							