

|  |                       |   |        |   |         |                  |  |
|--|-----------------------|---|--------|---|---------|------------------|--|
| No. <b>W 119297</b>  |                       | <b>Due no later than Nov 30, 2017</b>   |        | 2. Registered Agent and Address <b>(NO PO BOX)</b>                          |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                       | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>DR. COLA'S CLINIC PLLC<br>MARK COLAFRANCESCHI<br>323 DEINHARD LN STE B<br>MCCALL ID 83638<br>USA |        | MARK D COLAFRANCESCHI D.C.<br>323 DEINHARD LN STE B<br>MCCALL ID 83638-8363 |         |                  |  |
|  |                       |   |        | 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   | MARK D COLAFRANCESCHI | 323 DEINHARD LANE SUITE B   | MCCALL | ID  | USA     | 83638            |  |
| 5. Organized Under the Laws of:  |                       | 6. Annual Report must be signed.*   |        |   |         |                  |  |
| <b>ID<br/>W 119297</b>   |                       | Signature: Mdc  |        |   |         | Date: 09/29/2017 |  |
|  |                       | Name (type or print): Mdc   |        |   |         | Title: Owner     |  |
| Processed 09/29/2017   |                       | * Electronically provided signatures are accepted as original signatures.   |        |   |         |                  |  |