

No. <b>W 190285</b>		<b>Due no later than Oct 31, 2018</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> FALLS CENTRE FOR FUNCTIONAL MEDICINE, PLLC LAURENCE V HICKS DO 364 SHOUP AVE WEST TWIN FALLS ID 83301 USA		LAURENCE V HICKS DO 236 MARTIN ST TWIN FALLS ID 83301			
				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	
MANAGER	GEOFFREY N HICKS	236 MARTIN ST	TWIN FALLS	ID	USA	83301	
MANAGER	LAURENCE V HICKS	236 MARTIN ST	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:  <b>ID W 190285</b>		6. Annual Report must be signed.* Signature: Laurence V. Hicks D.O. <span style="float: right;">Date: 08/23/2018</span> Name (type or print): Laurence V. Hicks D.O. <span style="float: right;">Title: Officer/Manager</span>					
Processed 08/23/2018		* Electronically provided signatures are accepted as original signatures.					