

No. W 55160		Due no later than Oct 31, 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 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. SOLACE NATURAL MEDICINE, PLLC BRANETTE B SOLACE PO BOX 129 MCCALL ID 83638-0129		BRANETTE BEAN SOLACE 301 COLORADO STREET MCCALL ID 83638-0129		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	BRANETTE B SOLACE	PO BOX 129 301 COLORADO ST	MCCALL	ID		83638	
MANAGER	JONAS E BEAN	PO BOX 129 301 COLORADO ST	MCCALL	ID		83638	
5. Organized Under the Laws of: ID W 55160		6. Annual Report must be signed.* Signature: Branette Solace Name (type or print): Branette Solace Date: 11/22/2017 Title: Manager					
Processed 11/22/2017		* Electronically provided signatures are accepted as original signatures.					