

No. W 91844		Due no later than Mar 31, 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		LAURA LUTHY 2787 W 4700 S REXBURG 83440			
		1. Mailing Address: Correct in this box if needed. FIRST OPINION HEALTH DISCOVERY CENTER, LLC LAURA LUTHY 2787 W 4700 S REXBURG ID 83440		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	LAURA LUTHY	2787 W 4700 S	REXBURG	ID	USA	83440	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 91844		Signature: Laura Luthy			Date: 01/28/2015		
		Name (type or print): Laura Luthy			Title: manager		
Processed 01/28/2015		* Electronically provided signatures are accepted as original signatures.					