

No. W 164911	Due no later than Apr 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. TOTAL LIFE CLINIC, PLLC LACIE ASHER FNP C 2311 PARK AVE STE 6 BURLEY ID 83318		LACIE ASHER FNP C 2311 PARKE AVE STE 6 BURLEY ID 83318			
			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	LACIE ASHER	2311 PARK AVE. SUITE 6	BURLEY	ID	USA	83318
5. Organized Under the Laws of: ID W 164911	6. Annual Report must be signed.* Signature: LAsher, FNP-C Name (type or print): LAsher, FNP-C		Date: 03/10/2017 Title: FNP-C/Owner			
Processed 03/10/2017		* Electronically provided signatures are accepted as original signatures.				