

No. W 94949		Due no later than Jul 31, 2017		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 1. Mailing Address: Correct in this box if needed. CLINIC AT EAGLE LLC KATHERINE T ALKIRE-COATE CFNP 386 PEBBLE BEACH WAY EAGLE ID 83616		KATHERINE T ALKIRE FNP PC 386 PEBBLE BEACH WAY EAGLE ID 83616			
				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	KATHERINE T ALKIRE-COATE	386 PEBBLE BEACH WAY	EAGLE	ID	USA	83616	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 94949		Signature: Katherine T Alkire-Coate				Date: 06/07/2017	
		Name (type or print): Katherine T Alkire-Coate				Title: Member	
Processed 06/07/2017		* Electronically provided signatures are accepted as original signatures.					