No. <b>W 172522</b>		D	Due no later than Sep 30, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to:			Annual Report Form		RYANNA MCMILLEN			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		NORTHWEST NORTHWEST 3969 E OVER	1. Mailing Address: Correct in this box if needed.  NORTHWEST LASER INSTITUTE, LLC  NORTHWEST LASER INSTITUTE LLC  3969 E OVERLAND RD  MERIDIAN ID 83642		18822 SMILEY PEAK AVE NAMPA ID 83687  3. New Registered Agent Signature:*			
NO FILING RECEIVED BY I	DUE DATE	Name and Address	og of at least are Marshau or Marsassu					
4. Limited Liability Corr Office Held	Name	Names and Address	ses of at least one Member or Manager.  Street or PO Address	City	State	Country	Postal Code	
MEMBER		MCMILLEN	3969 E OVERLAND RD	MERIDI/		USA	83642	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 172522		Signature: R	Signature: RYANNA MCMILLEN		Date: 08/09/2017			
		Name (type	Name (type or print): RYANNA MCMILLEN			Title: MEMBER		
Processed 08/09/2017		* Electronically	provided signatures are accepted as origin	nal signatures.				