No. **W 38422**	**Due no later than Apr 30, 2018**	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.** ALLIANCE PROVIDERS, LLC KIRK MOORE 10482 W CARLTON BAY DR. GARDEN CITY ID 83714	PAUL M BOYD 101 S CAPITOL STE 1900 BOISE ID 83702 3. New 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	DAVID PETERMAN MD	10482 W CARLTON BAY DR.	GARDEN CITY	ID		83714
MEMBER	TRACY MORRIS	10482 W CARLTON BAY DR.	GARDEN CITY	ID	USA	83714
MEMBER	JEREMY FRIX	10482 W CARLTON BAY DR.	GARDEN CITY	ID	USA	83714

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 38422**	Signature: Kirk Moore	Date: 03/20/2018
	Name (type or print): Kirk Moore	Title: Director of Accounting

Processed 03/20/2018

* Electronically provided signatures are accepted as original signatures.