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|--|--------------------|---|-------|---|---------|-------------|--|
| No. W 156124 | | Due no later than Sep 30, 2016 | | 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. A PATH TO HEALTH, PLLC ESTHER M SEARS 3030 S. BARNside WAY BOISE ID 83716 | | ESTHER M SEARS 2746 S WISE WAY BOISE ID 83716 | | | |
| | | | | 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 | ESTHER MARIE SEARS | 3030 S. BARNside WAY | BOISE | ID | USA | 83716 | |
| 5. Organized Under the Laws of: ID W 156124 | | 6. Annual Report must be signed.* Signature: Esther Sears Name (type or print): Esther Sears Date: 08/14/2016 Title: Nurse Practitioner | | | | | |
| Processed 08/14/2016 | | * Electronically provided signatures are accepted as original signatures. | | | | | |