

No. W 67177		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		Annual Report Form		RALPH M SUTHERLIN 1542 S. TIMESQUARE LN STE 102 BOISE ID 83709			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		OPTIMAL HEALTH MEDICAL INSTITUTE, PLLC DANIEL L HANSON 1542 S. TIMESQUARE LN STE 102 BOISE ID 83709					
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	RALPH M SUTHERLIN	6126 S SETTLEMENT WAY	BOISE	ID		83716	
MEMBER	DANIEL L HANSON	1542 S. TIMESQUARE LN STE 102	BOISE	ID	USA	83704	
5. Organized Under the Laws of: ID W 67177		6. Annual Report must be signed.* Signature: Daniel L Hanson Name (type or print): Daniel L Hanson Date: 07/26/2016 Title: Owner					
Processed 07/26/2016		* Electronically provided signatures are accepted as original signatures.					