

No. W 146229		Due no later than Jan 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		1. Mailing Address: Correct in this box if needed. ALPINE WELLNESS CLINIC, PLLC TAMARA C SANDMEYER 8305 W NORTHVIEW BOISE ID 83704		TAMARA C SANDMEYER 3222 ACRE LANE BOISE ID 83704-8370			
				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	TAMARA SANDMEYER	3222 ACRE LANE	BOISE	ID	USA	83704	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 146229		Signature: Tamara Sandmeyer				Date: 01/02/2017	
		Name (type or print): Tamara Sandmeyer				Title: Officer	
Processed 01/02/2017		* Electronically provided signatures are accepted as original signatures.					