

No. W 149487	Due no later than Mar 31, 2017 Annual Report Form		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. TRIFECTA HEALTHWORKS L.L.C. KIMBERLY A TENCICH-FEDOR 8305 S OLD FARM PL MERIDIAN ID 83642		KIMBERLY A TENCICH-FEDOR 8305 S OLD FARM PL MERIDIAN ID 83642			
			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	KIMBERLY ANN TENCICH-FEDOR	8305 S. OLD FARM PLACE	MERIDIAN	ID	USA	83642
5. Organized Under the Laws of: ID W 149487	6. Annual Report must be signed.* Signature: Kimberly A Tencich Fedor Name (type or print): Kimberly A Tencich Fedor		Date: 02/09/2017 Title: manager			
Processed 02/09/2017		* Electronically provided signatures are accepted as original signatures.				