

No. W 152691		Due no later than Jun 30, 2018 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		1. Mailing Address: Correct in this box if needed. NEIGHBORHOOD CLINIC, PLLC (THE) ANDREA KENNEDY 4738 S LONGMOOR AVE BOISE ID 83709 USA		ANDREA KENNEDY 4738 S LONGMOOR AVE BOISE ID 83709			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name ANDREA KENNEDY	Street or PO Address 4738 S LONGMOOR AVE		City BOISE	State ID	Country USA	Postal Code 83709
5. Organized Under the Laws of: ID W 152691		6. Annual Report must be signed.* Signature: Andrea Kennedy Name (type or print): Andrea Kennedy Date: 05/10/2018 Title: Owner/Manager					
Processed 05/10/2018 * Electronically provided signatures are accepted as original signatures.							