No. W 175057		no later than Dec 31, 2017	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to: Annual Re		Annual Report Form		DALLAS RINDFLEISCH			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed. D.R. HEALTHCARE CONSULTANT PLLC DALLAS RINDFLEISCH 4954 POWERHOUSE AMMON ID 83406			4954 POWERHOUSE AMMON ID 83406			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			AMMON 1D				
			3. <u>New</u> Registere	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter N	ames and Addresses	of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER DALLAS RINDFLEISCH		4954 POWERHOUSE DR	IDAHO FALLS	ID	USA	83406	
5. Organized Under the Laws of: 6. Annual Report must be signed.*							
ID Signature: Dallas Rindfleisch		as Rindfleisch		Date: 01/01/2018			
W 175057	Name (type or print): Dallas Rindfleisch			Title: owneer			
Processed 01/01/2018	* Electronically provided signatures are accepted as original signatures.						