

No. W 70894		Due no later than Jan 31, 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 1. Mailing Address: Correct in this box if needed. AN ALTERNATIVE HEALTH OPTION, LLC SUSAN SMITH 1174 NORTON AVE IDAHO FALLS ID 83402		SUSAN SMITH 1174 NORTON AVE IDAHO FALLS ID 83402	
				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	SUSAN SMITH	1174 NORTON AVE	IDAHO FALLS	ID	83402
5. Organized Under the Laws of: ID W 70894		6. Annual Report must be signed.* Signature: Susan Smith Name (type or print): Susan Smith Date: 11/16/2015 Title: Owner			
Processed 11/16/2015		* Electronically provided signatures are accepted as original signatures.			