No. <b>W 38422</b>		Due no later than Apr 30, 2017		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		10 MODEL TO THE PROPERTY OF TH	PAUL M BOYD 101 S CAPITOL STE 1900 BOISE ID 83702  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.		No. 10 (1997) (1997)				
		ALLIANCE PROVIDERS, LLC KIRK MOORE 10482 W CARLTON BAY DR. GARDEN CITY ID 83714						
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companie	es: Enter Nar	mes and Addresses	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER DAVID PETE		RMAN MD	10482 W CARLTON BAY DR.	GARDEN CITY	ID		83714	
MEMBER TRACY MOR			10482 W CARLTON BAY DR.	GARDEN CITY	ID	USA	83714	
MEMBER JEREMY FRD		X	10482 W CARLTON BAY DR.	GARDEN CITY	ID	USA	83714	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Kirk Moore		Date: 03/20/2	Date: 03/20/2017			
W 38422		Name (type or print): Kirk Moore		Title: Director	Title: Director of Accounting			
Processed 03/20/2017 * Electronically provided signatures are accepted as original signatures.								