

No. W 94949	Due no later than Jul 31, 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. CLINIC AT EAGLE LLC KATHERINE T ALKIRE-COATE CFNP 386 PEBBLE BEACH WAY EAGLE ID 83616		KATHERINE T ALKIRE FNP PC 386 PEBBLE BEACH WAY EAGLE ID 83616			
			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
MEMBER	KATHERINE T ALKIRE-COATE	386 PEBBLE BEACH WAY	EAGLE	ID	USA	83616
5. Organized Under the Laws of: ID W 94949		6. Annual Report must be signed.* Signature: Katherine T Alkire-Coate Name (type or print): Katherine T Alkire-Coate		Date: 06/01/2018 Title: Member		
Processed 06/01/2018		* Electronically provided signatures are accepted as original signatures.				