

No. W 170979		Due no later than Aug 31, 2017 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. CTR COMPLETE PRACTICE MANAGEMENT, LLC TERESA PALUSO 415 CRESTLINE CIRCLE DR LEWISTON ID 83501		TERESA PALUSO 415 CRESTLINE CIRCLE DR LEWISTON ID 83501			
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 MEMBER	Name TERESA PALUSO	Street or PO Address 415 CRESTLINE CIRCLE DR		City LEWISTON	State ID	Country USA	Postal Code 83501
5. Organized Under the Laws of: ID W 170979		6. Annual Report must be signed.* Signature: Name (type or print):					
		Date: 06/25/2017 Title:					
Processed 06/25/2017 * Electronically provided signatures are accepted as original signatures.							