

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 NO FILING FEE IF RECEIVED BY DUE DATE		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			
				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	TERESA PALUSO	415 CRESTLINE CIRCLE DR	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of: ID W 170979		6. Annual Report must be signed.* Signature: _____ Date: 06/25/2017 Name (type or print): _____ Title: _____					
Processed 06/25/2017		* Electronically provided signatures are accepted as original signatures.					