

|  |                 |   |       |   |         |             |  |
|--|-----------------|---|-------|---|---------|-------------|--|
| No. <b>W 140826</b>  |                 | <b>Due no later than Aug 31, 2018</b>   |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>            |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>ADVANCED CLINICAL INTEGRATION, LLC<br>SARAH DACCARETT<br>1850 TRAVERTINE WAY<br>BOISE ID 83712 |       | MARCOS DACCARETT, MD<br>1850 TRAVERTINE WAY<br>BOISE ID 83712 |         |             |  |
|  |                 |   |       | 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  | SARAH DACCARETT | 1850 TRAVERTINE WAY   | BOISE | ID  | USA     | 83712       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 140826</b>  |                 | 6. Annual Report must be signed.*<br>Signature: Sarah Daccarett<br>Name (type or print): Sarah Daccarett<br>Date: 07/09/2018<br>Title: Manager                  |       |   |         |             |  |
| Processed 07/09/2018   |                 | * Electronically provided signatures are accepted as original signatures.   |       |   |         |             |  |