

No. <b>W 71518</b>	<b>Due no later than Feb 28, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> LAKESIDE HOLISTIC HEALTH, PLLC JERRY L BAILEY II 518 N. 4TH ST. COEUR D ALENE ID 83814		PAMELA S LANGENDERFER 518 N. 4TH ST. COEUR D'ALENE 83814			
			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	PAMELA S LANGENDERFER	518 N 4TH	COEUR D'ALENE	ID	USA	83814
MEMBER	JERRY L BAILEY II	518 N 4TH	COEUR D'ALENE	ID	USA	83814
5. Organized Under the Laws of:  <b>ID W 71518</b>	6. Annual Report must be signed.* Signature: jerry L bailey ii Name (type or print): jerry L bailey ii		Date: 03/13/2015 Title: owner			
Processed 03/13/2015		* Electronically provided signatures are accepted as original signatures.				