





STATE OF IDAHO

Office of the secretary of state, Phil McGrane ANNUAL REPORT

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$0.00 For Office Use Only

-FILED-

File #: 0005114882

Date Filed: 2/13/2023 5:14:00 PM

| Entity Name and Mailing Address: | | | |
|--|--------------------------|--|--|
| Entity Name: | | Pure Infusion Suites of Coeur d'Alene LLC | |
| The file number of this entity on the re Secretary of State is: | cords of the Idaho | 0004618998 | |
| Address | | 4179 S RIVERBOAT RD | |
| | | STE 220 | |
| | | TAYLORSVILLE, UT 84123-2986 | |
| Entity Details: | | | |
| Entity Status | | Active-Existing | |
| This entity is organized under the laws of: | | IDAHO | |
| If applicable, the old file number of this the Idaho Secretary of State was: | s entity on the recor | ds of | |
| The registered agent on record is: | | | |
| Registered Agent | | NORTHWEST REGISTERED AGENT LLC Commercial Registered Agent | |
| | | Physical Address | |
| | | 784 S CLEARWATER LOOP STE B | |
| | | POST FALLS, ID 83854 | |
| | | Mailing Address | |
| | | 784 S CLEARWATER LOOP STE B | |
| | | POST FALLS, ID 83854 | |
| Agent or Address Change | | | |
| Select if you are appointing a new | , agant | | |
| Select if you are appointing a new | ageni. | | |
| Limited Liability Company Managers and Member | rs | | |
| Name | Title | Business Address | |
| ■ Brent Jacobsen | Manager | 4179 S RIVERBOAT RD | |
| Dient Jacobsen | Manager | STE 220 | |
| | | TAYLORSVILLE, UT 84123-2986 | |
| | | | |
| The annual report must be signed by an authorize | ed signer of the entity. | | |
| Job Title: Authorized Signer | | | |
| - | | | |
| Not Coult | | 02/42/2022 | |
| Nat Smith | | 02/13/2023 | |
| Sign Here | | Date | |