

No. <b>W 38422</b>		<b>Due no later than Apr 30, 2011</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>  ALLIANCE PROVIDERS, LLC KIRK MOORE 10482 W CARLTON BAY DR. GARDEN CITY ID 83714 USA		PAUL M BOYD 101 S CAPITOL STE 1900 BOISE ID 83702			
				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	DAVID PETERMAN MD	6348 W EMERALD ST	BOISE	ID	USA	83704	
MEMBER	TRACY MORRIS	10482 W CARLTON BAY DR.	GARDEN CITY	ID	USA	83714	
MEMBER	SHARON WESTBROOK	10482 W CARLTON BAY DR.	GARDEN CITY	ID	USA	83714	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 38422</b>		Signature: Kirk Moore				Date: 02/09/2011	
		Name (type or print): Kirk Moore				Title: Director of Accounting	
Processed 02/09/2011		* Electronically provided signatures are accepted as original signatures.					