No. W 144425		Due no later than Nov 30, 2017		2. Registered Age	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		10 0000 DOMESTIC DE DESCRICTOR DE LA CONTRACTOR DE LA CON	DR KATE KUHLMAN-WOOD MD			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. COEUR D'ALENE MEDISPA P.L.L.C. DR KATE KUHLMAN-WOOD MD 1875 N LAKEWOOD DR STE 200 COEUR D ALENE ID 83814		1875 N LAKEWOOD DR STE 200 COEUR D ALENE ID 83814 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
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	1EMBER KATE KUHLMAN- WOOD MD		1875 N LAKEWOOD DR STE 200	COEUR D ALENE	ID	USA	83814	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: ASHLEY BATCHELDER		Date: 11/07/2017				
W 144425		Name (type or print): ASHLEY BATCHELDER		Title: OFFICE MANAGER				
Processed 11/07/2017 * Electronically provided signatures are accepted as original signatures.								