

No. W 38165	Due no later than Mar 31, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. LASERCARE CENTER OF IDAHO, LLC LOUIS M PENNOW 360 E MALLARD DR STE 110 BOISE ID 83706		MARK E HOLLINGSHEAD 360 E MALLARD DR STE 110 BOISE ID 83706			
			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	MARK E HOLLINGSHEAD	360 E MALLARD DR STE 110	BOISE	ID		83706
5. Organized Under the Laws of: ID W 38165	6. Annual Report must be signed.* Signature: Louis M. Pennow Name (type or print): Louis M. Pennow		Date: 01/24/2017 Title: Administrator			
Processed 01/24/2017		* Electronically provided signatures are accepted as original signatures.				