| No. W 165653 | | Due no later than Apr 30, 2018 | | 2. Registere | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|------|--|--------------------------------|------------------------------------|---|---------|-------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. PREVENTATIVE CARE, LLC 531 S FITNESS PL STE 100 EAGLE ID 83616 | | 531 S FI EAGLE I | DANIELLE BENNION 531 S FITNESS PL STE 100 EAGLE ID 83616 3. New Registered Agent Signature:* | | | |
| RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar | | mos and Addresses of | at least one Member or Manager | | | | | |
| Office Held | Name | nes and Addresses of | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER | | | 531 S FITNESS PL STE 100 | EAGLE | ID | USA | 83616 | |
| 5. Organized Under the Laws of: ID W 165653 | | 6. Annual Report mus Signature: Danielle Name (type or prir | | Date: 03/08/2018 Title: Manager | | | | |
| Processed 03/08/2018 | | * Electronically provided signatures are accepted as original signatures. | | | | | | |