

No. W 146229	Due no later than Jan 31, 2018 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. ALPINE WELLNESS CLINIC, PLLC TAMARA C SANDMEYER 8305 W NORTHVIEW BOISE ID 83704		TAMARA C SANDMEYER 3222 ACRE LANE BOISE ID 83704-8370			
			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	TAMARA SANDMEYER	3222 ACRE LANE	BOISE	ID	USA	83704
5. Organized Under the Laws of: ID W 146229	6. Annual Report must be signed.* Signature: Tamara Sandmeyer Name (type or print): Tamara Sandmeyer		Date: 12/11/2017 Title: Manager			
Processed 12/11/2017		* Electronically provided signatures are accepted as original signatures.				