





STATE OF IDAHO

Office of the secretary of state, Lawerence Denney ANNUAL REPORT

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$0.00 For Office Use Only

-FILED-

File #: 0003335813

Date Filed: 10/24/2018 12:23:29 PM

| Entity Name and Mailing Address: | | | | |
|---|----------|--|--|--|
| DR. COLA'S CLINIC PLLC | | | | |
| The file number of this entity on the records of the Idaho Se of State is: | cretary | 0000366387 323 DEINHARD LN | | |
| Address | | 323 DEINH | HARD LN | |
| | | STE B | | |
| | | MCCALL, I | ID 83638-4702 | |
| Entity Details: | | | | |
| Entity Status | | Active - Existing | | |
| This entity is organized under the laws of: | | IDAHO | | |
| The file number of this entity on the records of the Idaho Secretary of State is: | | 0000366387 | | |
| If applicable, the old file number of this entity on the records of the Idaho Secretary of State was: | | W119297 | | |
| Registered Agent Name and Address | | | | |
| Current Registered Agent | | MARK D COLAFRANCESCHI D.C. | | |
| | | Registered Agent Physical Address 323 DEINHARD LN STE B MCCALL, ID 83638 | | |
| | | | | |
| | | | | |
| | | Mailing Addre | | |
| | | Walling Addit | | |
| Check here if the registered agent needs to be changed | d | | | |
| If the agent is an individual, do not put the individual's name on the attention line (then it will show in the address block twice). | | | | |
| The attention line is used for organizations if they wish to attention documents should be sent. | specific | c a particula | ar individual within the organization to whose | |
| Limited Liability Company Managers and Members | | | | |
| Name of individual or organization | | Title | Address | |
| MARK D COLAFRANCESCHI | Manage | er | 323 DEINHARD LN STE B MCCALL, ID 83638 | |
| MARK D COLAFRANCESCHI | Membe | er | 323 DEINHARD LANE SUITE B MCCALL, ID 83638 | |
| | l | | <u> </u> | |
| The annual report must be signed by an authorized signer of the entity. | | | | |
| mdc | | | 10/24/2018 | |
| Sign Here | | | Date | |
| Signer's Capacity Owner | | | | |