No. W 118242		Due	2. Registered	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. KRISTEN FIORENTINO, M.D., PLLC KRISTEN FIORENTINO 223 W STATE ST STE C BOISE ID 83702		203 W FOR BOISE 8.	KRISTEN FIORENTINO MD 203 W FORT ST BOISE 83702 3. New Registered Agent Signature:*			
NO FILING RECEIVED BY 4. Limited Liability Cor	DUE DATE	mes and Addresse:	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	KRISTEN FI	ORENTINO	223 W STATE ST. SUITE C	BOISE	ID	USA	83702	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 118242		Signature: Kristen Fiorentino			Date: 10/31/2014			
		Name (type or		Title: Manager				
Processed 10/31/2014	4	* Electronically pr	ovided signatures are accepted as origina	l signatures.				