No. W 149487		Due no later than Mar 31, 2016		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		propriesson and the second second	KIMBERLY A TENCICH-FEDOR			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. TRIFECTA HEALTHWORKS L.L.C. KIMBERLY A TENCICH-FEDOR 8305 S OLD FARM PL MERIDIAN ID 83642		8305 S OLD FARM PL MERIDIAN ID 83642 3. New Registered Agent Signature:*				
NO FILING F RECEIVED BY DO	UE DATE	nes and Addresses of a	t least one Member or Manager.					
Office Held	Name	ies and Addresses of a	Street or PO Address	City	State	Country	Postal Code	
MANAGER	KIMBERLY AN	IN TENCICH-FEDOR	8305 S. OLD FARM PLACE	, MERIDIAN	ID	USA	83642	
5. Organized Under the Laws of:		6. Annual Report must						
ID W 149487		Signature: Kimberly Tencich-Fedor			Date: 01/18/2016			
		Name (type or print)		Title: Agent				
Processed 01/18/2016		* Electronically provided	d signatures are accepted as original s	signatures.			_	