

No. W 119297		Due no later than Nov 30, 2016		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. DR. COLA'S CLINIC PLLC MARK COLAFRANCESCHI 323 MCCALL ID 83638 USA		MARK D COLAFRANCESCHI D.C. 323 DEINHARD LN STE B MCCALL ID 83638-8363	
				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
MEMBER	MARK D COLAFRANCESCHI	323 SUITE B	UNINCORPORATED	ID	USA 83638
5. Organized Under the Laws of: ID W 119297		6. Annual Report must be signed.* Signature: Mark Colafranceschi Name (type or print): Mark Colafranceschi Date: 01/17/2017 Title: Owner			
Processed 01/17/2017		* Electronically provided signatures are accepted as original signatures.			