

No. W 152691		Due no later than Jun 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		1. Mailing Address: Correct in this box if needed. NEIGHBORHOOD CLINIC, PLLC (THE) ANDREA KENNEDY 4738 S LONGMOOR AVE BOISE ID 83709		ANDREA KENNEDY 4738 S LONGMOOR AVE BOISE ID 83709			
				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	ANDREA KENNEDY	4738 S LONGMOOR AVE	BOISE	ID	USA	83709	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 152691		Signature: Andrea Kennedy				Date: 04/26/2016	
		Name (type or print): Andrea Kennedy				Title: Owner/Manager	
Processed 04/26/2016		* Electronically provided signatures are accepted as original signatures.					