No. **W 38165**	**Due no later than Mar 31, 2015** **Annual Report Form**	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.** LASERCARE CENTER OF IDAHO, LLC LOUIS M PENNOW 360 E MALLARD DR STE 110 BOISE ID 83706	MARK E HOLLINGSHEAD 360 E MALLARD DR STE 110 BOISE 83706 3. New 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	MARK E HOLLINGSHEAD	360 E MALLARD DR STE 110	BOISE	ID		83706

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 38165**	Signature: LOUIS PENNOW	Date: 01/16/2015
	Name (type or print): LOUIS PENNOW	Title: CFOO

Processed 01/16/2015

* Electronically provided signatures are accepted as original signatures.