No. **W 97498**	**Due no later than Oct 31, 2011** **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.** DOCTOR ANNETTE HASALONE, LLC ANNETTE L HASALONE 4353 E POLELINE AVE POST FALLS ID 83854	ANNETTE HASALONE 4353 E POLELINE AVE POST FALLS ID 83854 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
MEMBER	ANNETTE L HASALONE	4353 E POLELINE AVE	POST FALLS	ID	USA	83854

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 97498**	Signature: Annette Hasalone	Date: 08/16/2011
	Name (type or print): Annette Hasalone	Title: Member

Processed 08/16/2011

* Electronically provided signatures are accepted as original signatures.