No. W 13469		Due no later than Nov 30, 2012		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		CARLITO RHO ZARAGOZA			
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. ANCIENT LAKE ACUPUNCTURE AND ORIENTAL MEDICINE CLINIC, L.L.C. CARLITO RHO ZARAGOZA 11076 NORTH GOVERNMENT WAY HAYDEN ID 83835 USA		11076 NORTH GOVERNMENT WAY HAYDEN ID 83835 3. New Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
22 21 2	Name		Street or PO Address	City	State	Country	Postal Code
MEMBER	CARLITO RE	O ZARAGOZA	11076 NORTH GOVERNMENT WAY	HAYDEN	ID	USA	83835
5. Organized Under the Laws of:		6. Annual Report m					
ID W 13469		Signature: Carlit	Date: 09/18/2012				
		Name (type or p	Title: Member				
Processed 09/18/2012 * Electronically provided signatures are accepted as original signatures.							