

No. W 104884		Due no later than Jul 31, 2018		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. TOTAL PRACTICE SOLUTION, LLC (THE) SHAUNA BRITT 5913 GRANGEMONT RD OROFINO ID 83544		SHAUNA BRITT 5913 GRANGEMONT RD OROFINO ID 83544			
				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	SHAUNA BRITT	5913 GRANGEMONT ROAD	OROFINO	ID	USA	83544	
5. Organized Under the Laws of: ID W 104884		6. Annual Report must be signed.* Signature: Shauna Britt Name (type or print): Shauna Britt Date: 05/19/2018 Title: Manager					
Processed 05/19/2018		* Electronically provided signatures are accepted as original signatures.					