No. W 140826 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Due	2. Registered	2. Registered Agent and Address (NO PO BOX)				
		Annual Report Form 1. Mailing Address: Correct in this box if needed. ADVANCED CLINICAL INTEGRATION, LLC SARAH DACCARETT 1850 TRAVERTINE WAY BOISE ID 83712		1850 TRAV BOISE ID	MARCOS DACCARETT, MD 1850 TRAVERTINE WAY BOISE ID 83712 3. New Registered Agent Signature:*			
NO FILIN RECEIVED BY	DUE DATE	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name	mes and Addresse	Street or PO Address	City	State	Country	Postal Code	
MANAGER	SARAH DAC	CARETT	1850 TRAVERTINE WAY	BOISE	ID	USA	83712	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 140826		Signature: Sarah Daccarett			Date: 07/02/2017			
		Name (type or		Title: Manager				
Processed 07/02/201	17	* Electronically pr	ovided signatures are accepted as origina	al signatures.				