No. <b>W 113752</b>		Du	2. Registered A	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		COMPLETE (	COMPLETE CARE AUDIOLOGY INC			
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.		N - 1 CONTROL OF 1 CONTROL OF 1	13176 PERSIMMON LANE SUITE 120 BOISE ID 83713			
		TINNITUS CLINIC OF IDAHO, LLC (THE) BREK DAVID STOKER 13176 PERSIMMON LANE SUITE 120		BOISE ID 8	BOISE ID 63/13			
		BOISE ID 83713		3. <u>New</u> Register	3. New Registered Agent Signature:*			
4. Limited Liability Con	npanies: Enter Na	mes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	BREK DAVID	STOKER	4153 E. SPEARFISH DRIVE	MERIDIAN	ID	USA	83646	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Brek Stoker			Date: 06/19/2017			
W 113752		Name (type or print): Brek Stoker			Title: President			
Processed 06/19/2017	7	* Electronically p	rovided signatures are accepted as origina	l signatures.				