| No. W 158774 | | Due no later than Nov 30, 2017 | | 2. Registered Ag | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|----------|--|---------------------------------------|------------------|--|---------|-------------|--|
| Return to: | | Annual Report Form | | | SAMANTHA MOLBERT | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. EAST IDAHO SURGICAL ASSISTING LLC SAMANTHA L MOLBERT 1435 SCORPIUS DR IDAHO FALLS ID 83402 | | IDAHO FALLS | 1435 SCORPIUS DR IDAHO FALLS ID 83402 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | USA | | | | | | |
| 200 | | mes and Addresse | es of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER | SAMANTHA | MOLBERT | 1435 SCORPIUS DR | IDAHO FALLS | ID | USA | 83402 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: samantha molbert | | | Date: 11/17/2017 | | | |
| W 158774 | | Name (type o | | Title: owner | | | | |
| Processed 11/17/2017 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |