No. W 16531		Due no later than Sep 30, 2017			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 GLORIA E GILBERE						
		1. Mailing Address: Correct in this box if needed. GLORIA E. GILBERE, LLC, A PRIVATE HEALTHCARE MEMBERSHIP ASSOCIATION GLORIA E GILBERE PO BOX 1565 (ALL MAIL) SANDPOINT ID 83864-0868 USA			1024 PARK AVE SANDPOINT ID 83864-5029 3. New Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.								
Office Held N	Name		Street or PO Address		City	State	Country	Postal Code
	GLORIA E GILBERE SHARON L. WISEMAN		PO BOX 1565 1024 PARK AVE		SANDPOINT SANDPOINT	ID ID	USA USA	83864-0868 83864-5029
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 16531		Signature: Sharon Wiseman			Date: 08/14/2017			
		Name (type or print): Sharon Wiseman			Title: member			
Processed 08/14/2017	rocessed 08/14/2017 * Electronically provided signatures are accepted as original signatures.							