

No. <b>W 159518</b>		<b>Due no later than Dec 31, 2017</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  KYLE N KLINGER MD PLLC KYLE N KLINGER 1415 PARK VIEW DR TWIN FALLS ID 83301		KYLE N KLINGER 1415 PARK VIEW DR TWIN FALLS ID 83301-8330			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	
MEMBER	KYLE N KLINGER	1	TWIN FALLS	ID	USA	83301-3250	
5. Organized Under the Laws of:  <b>ID</b> <b>W 159518</b>		6. Annual Report must be signed.*  Signature: Kyle N Klingler Name (type or print): Kyle N Klingler  Date: 11/02/2017 Title: President					
Processed 11/02/2017 * Electronically provided signatures are accepted as original signatures.							