No. **W 96131**	**Due no later than Sep 30, 2014** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** PUZZLE PEDIATRICS PLLC C TRAVIS CRIDDLE 465 MCKENNA DR MOUNTAIN HOME ID 83647	C TRAVIS CRIDDLE 465 MCKENNA DR MOUNTAIN HOME ID 83647 3. New 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
MANAGER	C TRAVIS CRIDDLE	465 MCKENNA DR	MOUNTAIN HOME	ID	USA	83647

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 96131**	Signature: C Travis Criddle	Date: 09/30/2014
	Name (type or print): C Travis Criddle	Title: manager

Processed 09/30/2014

* Electronically provided signatures are accepted as original signatures.