

No. W 55248	Due no later than Oct 31, 2016 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.		FAHIM RAHIM 444 HOSPITAL WAY STE 607 POCATELLO ID 83201			
	SHIFA IDAHO FALLS LLC JEFFREY CLARK PO BOX 986 BLACKFOOT ID 83221		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	FAHIM RAHIM	2850 SUMMIT DR	POCATELLO	ID		83201
5. Organized Under the Laws of: ID W 55248		6. Annual Report must be signed.* Signature: JEFFREY CLARK Name (type or print): JEFFREY CLARK		Date: 08/30/2016 Title: CPA		
Processed 08/30/2016		* Electronically provided signatures are accepted as original signatures.				