

No. W 137187		Due no later than Apr 30, 2016		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. FOOTHILLS SURGERY LLC KIMBERLY LEE 5357 NORTH GOLDIE PLACE BOISE ID 83703		KIMBERLY LEE 5357 NORTH GOLDIE PLACE BOISE ID 83703-9860			
				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	
MANAGER	KIMBERLY LEE	5357 NORTH GOLDIE PLACE	BOISE	ID	USA	83703	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 137187		Signature: kimberly lee				Date: 04/25/2016	
		Name (type or print): kimberly lee				Title: owner	
Processed 04/25/2016		* Electronically provided signatures are accepted as original signatures.					