

No. <b>W 168862</b>	<b>Due no later than Jul 31, 2018</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> EASTERN IDAHO CRITICAL CARE CONSULTANTS, L.L.C. LARY S LARSON, ESQ. 428 PARK AVE IDAHO FALLS ID 83402		JOHN MILLER, M.D. 777 HOOPES AVE APT H307 IDAHO FALLS ID 83401			
			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	JOHN MILLER	777 HOOPES AVE. APT. H307	IDAHO FALLS	ID	USA	83401
5. Organized Under the Laws of:  <b>ID</b> <b>W 168862</b>		6. Annual Report must be signed.* Signature: Lary S. Larson Name (type or print): Lary S. Larson		Date: 05/21/2018 Title: Agent		
Processed 05/21/2018		* Electronically provided signatures are accepted as original signatures.				