

No. W 6891		Due no later than Sep 30, 2015 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		1. Mailing Address: Correct in this box if needed. JOHN E GAMBOA, M.D., P.L.L.C. SUSAN T GAMBOA 9620 W PEBBLE BROOK LANE BOISE ID 83714-1764 USA		JOHN E GAMBOA, M.D. 9620 W PEBBLE BROOK LANE BOISE ID 83714-1764			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name JOHN E GAMBOA, M.D.	Street or PO Address 9620 W PEBBLE BROOK LANE	City BOISE	State ID	Country USA	Postal Code 83714-1764	
5. Organized Under the Laws of: ID W 6891		6. Annual Report must be signed.* Signature: Susan T Gamboa Name (type or print): Susan T Gamboa Date: 07/21/2015 Title: Accountant					
Processed 07/21/2015 * Electronically provided signatures are accepted as original signatures.							