No. W 145021	Due no later than Jan 31, 2018		2. Registered Age	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		JEFFREY LARSON MD				
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.		AND THE RESERVE OF THE PROPERTY OF THE PERSON OF THE PERSO	3320 N GRAND MILL LANE COEUR D ALENE ID 83814			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	UNCINATE JOINT, LLC J TODD TAYLOR 601 W RIVERSIDE AVE STE 1500						
	SPOKANE WA 99201		3. <u>New</u> Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE							
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 JEFFREY J LARSON, MD		3320 N. GRAND MILL LANE	COEUR D ALENE	ID	USA	83814	
5. Organized Under the Laws of:	the Laws of: 6. Annual Report must be signed.*						
ID	Signature: Jeffrey	Date: 01/27/2018					
W 145021	Name (type or print): Jeffrey Larson, MD		Title: Member				
Processed 01/27/2018	* Electronically provided signatures are accepted as original signatures.						