

No. W 162530		Due no later than Feb 28, 2017		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. ADVANCED PRACTICE PROVIDERS OF IDAHO, LLC 9865 RED FOX DR NAMPA ID 83686 USA		HEATHER LEWIS 9865 RED FOX DR NAMPA ID 83686			
				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	HEATHER SUE LEWIS	9865 RED FOX DR.	NAMPA	ID	USA	83686	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 162530		Signature: Heather Sue Lewis				Date: 12/23/2016	
		Name (type or print): Heather Sue Lewis				Title: PA-C	
Processed 12/23/2016		* Electronically provided signatures are accepted as original signatures.					