

No. <b>W 139488</b>	<b>Due no later than Jun 30, 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> MAGIC VALLEY MEDICINE, PLLC SAMUEL H BARKER 844 WASHINGTON ST N STE 400 TWIN FALLS ID 83301		JESSICA BARKER 844 WASHINGTON ST N STE 400 TWIN FALLS ID 83301-8330			
			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	SAM H BARKER	857	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of:  <b>ID</b> <b>W 139488</b>	6. Annual Report must be signed.* Signature: Jessica J Barker Name (type or print): Jessica J Barker		Date: 04/24/2018 Title: Secretary			
Processed 04/24/2018		* Electronically provided signatures are accepted as original signatures.				