







STATE OF IDAHO Office of the secretary of state, Phil McGrane ANNUAL REPORT

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$0.00 For Office Use Only

-FILED-

File #: 0005813618

Date Filed: 7/9/2024 10:32:12 AM

| Entity Name and Mailing Address: | | | | |
|-------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------|-----------------------------------------|---------------|
| Entity Name: | | M. ANDERSON MEDICAL, PLLC | | |
| The file number of this entity on the records of the Idaho Secretary of State is: | | 0000561183 | | |
| Address | | 19 S STATE ST PRESTON, ID 83263-1242 | | |
| Entity Details: | | | | |
| Entity Status | | Active-Existing | | |
| This entity is organized under the laws of: | | IDAHO | | |
| If applicable, the old file number of this entity on the records of the Idaho Secretary of State was: | | W185704 | | |
| The registered agent on record is: | | | | |
| Registered Agent | | TRAVIS M KUNZ CPA Registered Agent | | |
| | | Physical Address | | |
| | | 19 S STATE ST | | |
| | | | PRESTON, ID 83263 Mailing Address | |
| | | 19 S STATE ST | | |
| | | 1900 | TAIL 31 | |
| Agent or Address Change | | | | |
| Select if you are appointing a new agent. | | | | |
| Limited Liability Company Managers and Members | | | | |
| Name | Title | | Bus | iness Address |
| MORGAN ANDERSON | Manager | | 3005 SHELLY PLACE POCATELLO, ID 8326 | |
| | | | | |
| The annual report must be signed by an authorized signer of the Job Title: REGISTERED AGENT | e entity. | | | |
| TRAVIS M KUNZ | | | | 07/09/2024 |
| Sign Here | | | | Date |