

No. W 88165		Due no later than Nov 30, 2015		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		Annual Report Form		RYAN PORTER 1206 DANIELLE WAY BLACKFOOT ID 83221			
		1. Mailing Address: Correct in this box if needed. IDAHO PHYSICIAN ASSISTANT SURGICAL SERVICES, LLC RYAN T PORTER 1206 DANIELLE WAY BLACKFOOT ID 83221		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	ANDREA PORTER	1206 DANIELLE WAY	BLACKFOOT	ID	USA	83221	
5. Organized Under the Laws of: ID W 88165		6. Annual Report must be signed.* Signature: Ryan Porter Name (type or print): Ryan Porter Date: 09/18/2015 Title: owner					
Processed 09/18/2015		* Electronically provided signatures are accepted as original signatures.					