No. W 22966		Due no later than Feb 28, 2018 Annual Report Form 1. Mailing Address: Correct in this box if needed. UNIVERSITY MEDICAL ASSOCIATES, LLC JEFFREY E GEIER 623 S MAIN ST MOSCOW ID 83843-2983 USA		2. Registered Ag	2. Registered Agent and Address (NO PO BOX) JEFFREY E GEIER			
Return to:								
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE					623 S MAIN ST MOSCOW ID 83843-2983			
				3. <u>New</u> Register	3. New Registered Agent Signature:*			
4. Limited Liability Cor	mpanies: Enter Nar	mes and Address	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	FRANCIS K	SPAIN	623 S MAIN	MOSCOW	ID		83843-2983	
MEMBER	JOHN R HUE	BERTY	623 S MAIN ST	MOSCOW	ID	USA	83843-2983	
MEMBER	CHARLES A	RICHARDS	623 S MAIN ST	MOSCOW	ID	USA	83843-2983	
MEMBER	HELEN M SH	HEARER	623 S MAIN ST	MOSCOW	ID	USA	83843-2983	
MEMBER	ROBERT M	TING	623 S MAIN ST	MOSCOW	ID	USA	83843-2983	
MEMBER	NANCY J EL	SBURY	623 S MAIN ST	MOSCOW	ID	USA	83843-2983	
MEMBER	DUSTIN K WORTH		623 S MAIN ST	MOSCOW	ID	USA	83843-2983	
MEMBER	MEMBER JEFFREY E GEIER		623 S MAIN ST	MOSCOW	ID	USA	83843-2983	
MEMBER	KRAIG A WI	HITE	623 S MAIN ST	MOSCOW	ID	USA	83843-2983	
5. Organized Under the Laws of: 6. A		6. Annual Report must be signed.*						
ID W 22966		Signature: Jeffrey E Geier		Date:	Date: 12/22/2017			
		Name (type or print): Jeffrey E Geier			Title: Registered Agent			
Processed 12/22/2017	7	* Electronically p	rovided signatures are accepted as origina	al signatures.				