No. W 106094		Due no later than Aug 31, 2017		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		CHERYL M	CHERYL M CALLAGHAN 5062 JOHNNY CREEK RD			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.						
		CHERYL CALLAGHAN AND ASSOCIATES ILC CHERYL M CALLAGHAN 5062 JOHNNY CREEK RD			POCATELLO ID 83204			
		POCATELLO ID 83204		3. <u>New</u> Registe	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compar	ies: Enter Na	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER MANAGER	MICHAEL T CHERYL M (5062 JOHNNY CREEK RD 5062 JOHNNY CREEK RD	POCATELLO POCATELLO	ID ID	USA USA	83204 83204	
5. Organized Under the Laws of:		6. Annual Report						
ID W 106094		Signature: Cheryl Callaghan MD			Date: 06/26/2017			
		Name (type or		Title: owner				
Processed 06/26/2017		* Electronically pro	ovided signatures are accepted as origina	l signatures.				