

No. W 126246	Due no later than Jun 30, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. IDAHO SURROGACY CENTER LLC STEPHENIE KAMMEYER 7154 W STATE ST SUITE 250 BOISE ID 83714		STEPHENIE KAMMEYER 8279 W MOJAVE DR BOISE ID 83709			
NO FILING FEE IF RECEIVED BY DUE DATE			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held MANAGER	Name STEPHENIE KAMMEYER	Street or PO Address 8279 W MOJAVE DR	City BOISE	State ID	Country USA	Postal Code 83709
5. Organized Under the Laws of: ID W 126246	6. Annual Report must be signed.* Signature: Stephenie Kammeyer Name (type or print): Stephenie Kammeyer Date: 04/27/2017 Title: Manager					
Processed 04/27/2017	* Electronically provided signatures are accepted as original signatures.					