

No. W 126246		Due no later than Jun 30, 2017		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		STEPHENIE KAMMEYER 8279 W MOJAVE DR BOISE ID 83709			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		IDAHO SURROGACY CENTER LLC STEPHENIE KAMMEYER 7154 W STATE ST SUITE 250 BOISE ID 83714					
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	
MANAGER	STEPHENIE KAMMEYER	8279 W MOJAVE DR	BOISE	ID	USA	83709	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 126246		Signature: Stephenie Kammeyer				Date: 04/27/2017	
		Name (type or print): Stephenie Kammeyer				Title: Manager	
Processed 04/27/2017		* Electronically provided signatures are accepted as original signatures.					