No. W 126574		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. KURTIS REED, MD, PLLC PO BOX 1293 TWIN FALLS ID 83303	JOHN A COLEMAN 401 GOODING ST N STE 201 TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		nes and Addresses of at least one Member or Manager.				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	KURTIS REE	D PO BOX 1293	TWIN FALLS	ID	USA	83303-1293
5. Organized Under the Laws of: ID W 136574		6. Annual Report must be signed.* Signature: John Coleman	Date: 05/17/2017			
W 126574 Processed 05/17/2017		Name (type or print): John Coleman Title: Agent * Electronically provided signatures are accepted as original signatures.				