

No. <b>W 137459</b>		<b>Due no later than May 31, 2018</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  PALOUSE SURGEONS, L.L.C. PALOUSE SURGEON 2301 W A ST. A MOSCOW ID 83843		KARA L BESST 700 S MAIN ST MOSCOW ID 83843			
				3. <u>New</u> Registered Agent Signature:*			
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	
MEMBER	KARA BESST GRITMAN MEDICAL CENTER	700 S MAIN ST	MOSCOW	ID	USA	83843	
5. Organized Under the Laws of:  <b>WA W 137459</b>		6. Annual Report must be signed.* Signature: Lindy Wells Name (type or print): Lindy Wells					
Date: 03/22/2018 Title: Administrator							
Processed 03/22/2018		* Electronically provided signatures are accepted as original signatures.					