No. W 115245 Return to:		Due no later than Jul 31, 2018 Annual Report Form		2. Registered Agent and Address (NO PO BOX) KATHLEEN SEARLE 521 E 1250 N SHELLEY ID 83274 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. FIRTH MEDICAL CENTER PLLC KATHLEEN SEARLE 521 E 1250 N SHELLEY ID 83274	SHELLEY II				
NO FILING FEE IF RECEIVED BY DUE DATE							
2001	• 1.000.000.000.000.000.000.000.000.000.0	mes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	SADIE ELIJA	H 114 S. MAIN ST.	FIRTH	ID	USA	83236	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Kathleen Searle	Date: 05/20/2018				
W 115245		Name (type or print): Kathleen Searle		Title: Owner			
Processed 05/20/2018 * Electronically provided signatures are accepted as original signatures.							