

No. W 65068		Due no later than Jul 31, 2016 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. TETON MEDICAL GROUP PLLC WENDI L JONES 255 N. 3RD E. REXBURG ID 83440		THOMAS JONES MD 255 N. 3RD E. REXBURG ID 83440			
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 MEMBER	Name THOMAS JONES MD LLC	Street or PO Address 161 N. 2300 E.		City SAINT ANTHONY	State ID	Country	Postal Code 83445
5. Organized Under the Laws of: ID W 65068		6. Annual Report must be signed.* Signature: Thomas Jones, MD Name (type or print): Thomas Jones, MD Date: 05/25/2016 Title: Manager					
Processed 05/25/2016 * Electronically provided signatures are accepted as original signatures.							