No. <b>W 163688</b>		Due no later than Mar 31, 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		Annual Report Form  1. Mailing Address: Correct in this box if needed.  MEDICAL SERVICES OF IDAHO, LLC 251 RAVINE POCATELLO ID 83204		MATT BLOXHAM 251 RAVINE POCATELLO ID 83204  3. New Registered Agent Signature:*			
RECEIVED BY D	DUE DATE	nes and Addresses of at least o	ne Member or Manager.				
Office Held	Name	Stree	t or PO Address	City	State	Country	Postal Code
MANAGER	MANAGER MATT BLOXHAM		AVINE	POCATELLO	ID	USA	83204
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Matt Bloxham		Date: 02/06/2017			
W 163688		Name (type or print): Matt Bloxham		Title: Manager			
Processed 02/06/2017 * Electronically provided signatures are accepted as original signatures.							