

No. <b>W 142741</b>		<b>Due no later than Sep 30, 2017</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> KEITH DAVIS M.D. P.L.L.C. KEITH DAVIS MD 113 S APPLE SHOSHONE ID 83352		PENELOPE PARKER 320 MAIN AVE N TWIN FALLS ID 83301			
				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	
MANAGER	KEITH ELDON DAVIS	113 S APPLE ST PO BOX 609	SHOSHONE	ID	USA	83352-0609	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 142741</b>		Signature: Keith E. Davis, MD				Date: 07/24/2017	
		Name (type or print): Keith E. Davis, MD				Title: Owner	
Processed 07/24/2017		* Electronically provided signatures are accepted as original signatures.					