No. **W 26512**	**Due no later than Oct 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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** JONATHAN KRAMER, M.D., PLLC JONATHAN KRAMER, MD 1736 S MILLENNIUM WAY MERIDIAN ID 83642	JONATHAN KRAMER 1736 S MILLENNIUM WAY MERIDIAN ID 83642 3. New 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	JONATHAN KRAMER	1736 S MILLENNIUM WAY	MERIDIAN	ID		83642

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 26512**	Signature: Patty kramer	Date: 09/13/2016
	Name (type or print): Patty kramer	Title: Administrator

Processed 09/13/2016

* Electronically provided signatures are accepted as original signatures.