

No. W 54791	Due no later than Sep 30, 2017 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. STREAMSIDE MEDICAL, LLC PETER ANGLETON 915 E WARM SPRINGS AVE BOISE ID 83712		PETER ANGLETON MD 915 E WARM SPRINGS AVE BOISE ID 83712			
			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	PETER ANGLETON MD	915 E WARM SPRINGS AVE	BOISE	ID		83712
5. Organized Under the Laws of: ID W 54791	6. Annual Report must be signed.* Signature: Peter Angletonr Name (type or print): Peter Angletonr		Date: 07/22/2017 Title: sole proprietor			
Processed 07/22/2017		* Electronically provided signatures are accepted as original signatures.				