No. **W 16531**	**Due no later than Sep 30, 2018** **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.** GLORIA E. GILBERE, LLC, A PRIVATE HEALTHCARE MEMBERSHIP ASSOCIATION GLORIA E GILBERE PO BOX 1565 (ALL MAIL) SANDPOINT ID 83864-0868 USA	GLORIA E GILBERE 1024 PARK AVE SANDPOINT ID 83864-5029 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
MANAGER	GLORIA E GILBERE	PO BOX 1565	SANDPOINT	ID	USA	83864-0868
MEMBER	SHARON L. WISEMAN	1024 PARK AVE	SANDPOINT	ID	USA	83864-5029

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 16531**	Signature: Sharon Wiseman	Date: 09/04/2018
	Name (type or print): Sharon Wiseman	Title: Member

Processed 09/04/2018

* Electronically provided signatures are accepted as original signatures.