No. **W 56230**	**Due no later than Nov 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.** GROUP ONE REFERRAL SERVICES, LLC BRADLEY W BARKER 913 W. RIVER STREET SUITE 300 BOISE ID 83702	BRADLEY W BARKER 913 W. RIVER STREET SUITE 300 BOISE ID 83702 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	BRADLEY W BARKER	500 EAST SHORE DR	EAGLE	ID		83616

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 56230**	Signature: Bradley Barker	Date: 09/18/2017
	Name (type or print): Bradley Barker	Title: manager

Processed 09/18/2017

* Electronically provided signatures are accepted as original signatures.