

No. <b>W 21521</b>	<b>Due no later than Nov 30, 2016</b> <b>Annual Report Form</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>		JEFF DANIELS 98 POPLAR ST BLACKFOOT ID 83221-1758			
	MOUNTAIN RIVER BIRTHING AND SURGERY CENTER, LLC JEFF DANIELS 98 POPLAR ST BLACKFOOT ID 83221 USA		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	D. JEFFERY DANIELS	98 POPLAR	BLACKFOOT	ID	USA	83221-1758
5. Organized Under the Laws of:  <b>ID</b> <b>W 21521</b>		6. Annual Report must be signed.* Signature: D. Jeffery Daniels Name (type or print): D. Jeffery Daniels		Date: 11/30/2016 Title: CEO		
Processed 11/30/2016		* Electronically provided signatures are accepted as original signatures.				