

No. W 62923		Due no later than May 31, 2015		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		Annual Report Form		AMY H YOST 235 FLUME ST BOISE 83712	
		1. Mailing Address: Correct in this box if needed. YOST MEDICAL ASSOCIATES, LLC AMY H YOST 235 FLUME ST BOISE ID 83712 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	AMY H YOST	235 FLUME STREET	BOISE	ID	83712
5. Organized Under the Laws of: ID W 62923		6. Annual Report must be signed.* Signature: Amy Yost Name (type or print): Amy Yost Date: 03/23/2015 Title: Owner			
Processed 03/23/2015		* Electronically provided signatures are accepted as original signatures.			