

No. W 62923		Due no later than May 31, 2015 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		1. Mailing Address: Correct in this box if needed. YOST MEDICAL ASSOCIATES, LLC AMY H YOST 235 FLUME ST BOISE ID 83712 USA		AMY H YOST 235 FLUME ST BOISE 83712			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name AMY H YOST	Street or PO Address 235 FLUME STREET		City BOISE	State ID	Country	Postal Code 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.							