

No. <b>W 17396</b>		<b>Due no later than Dec 31, 2015</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>  SHOULDER CLINIC OF IDAHO, PLLC (THE) THOMAS E GOODWIN 8854 W EMERALD ST STE 102 BOISE ID 83704		DAVID P MCANANEY 1101 W RIVER STREET STE 100 BOISE ID 83702			
				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	
MEMBER	THOMAS E GOODWIN	3325 N SADDLEMAN	EAGLE	ID	USA	83616	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 17396</b>		Signature: Thomas Goodwin				Date: 10/14/2015	
		Name (type or print): Thomas Goodwin				Title: owner	
Processed 10/14/2015		* Electronically provided signatures are accepted as original signatures.					