No. W 145523 Return to:		Due no later than Dec 31, 2017 Annual Report Form	2. Registered Agent and Address (NO PO BOX) SHANE ROEDEL			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. PUMP DOCTORS LLC SHANE ROEDEL PO BOX 450 ST ANTHONY ID 83445	ST ANTHONY 1	1555 S YELLOWSTONE HWY ST ANTHONY ID 83445 3. New Registered Agent Signature:*		
NO FILING FEE IF RECEIVED BY DUE DATE		USA				
4. Limited Liability Comp	panies: Enter Nar	mes and Addresses of at least one Member or Manager.				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	GERALD LAR	RSEN 2541 E 500 N	SAINT ANTHONY	ID	USA	83445
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID		Signature: Shane Roedel	Date: 11/28/2017			
W 145523		Name (type or print): Shane Roedel	Title: Ma	Title: Managing Member		
rocessed 11/28/2017 * Electronically provided signatures are accepted as original signatures.						