

No. <b>W 9988</b>		<b>Due no later than Oct 31, 2017</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>Annual Report Form</b>		BRIAN T TUCKER 490 MEMORIAL DR IDAHO FALLS ID 83402			
		<b>1. Mailing Address: Correct in this box if needed.</b> IDAHO FALLS PEDIATRICS, P.L.L.C. C/O BRIAN TUCKER PO BOX 51630 IDAHO FALLS ID 83405		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	RON W PORTER, MD	2375 CORONADO	IDAHO FALLS	ID	USA	83404	
MANAGER	SCOTT A SMITH, DO	2375 CORONADO	IDAHO FALLS	ID	USA	83404	
MANAGER	JOSEPH MOORE, MD	3901 TAYLORVIEW LANE	AMMON	ID	USA	83406	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 9988</b>		Signature: Brian T. Tucker		Date: 10/04/2017			
		Name (type or print): Brian T. Tucker		Title: Attorney/Registered Agent			
Processed 10/04/2017		* Electronically provided signatures are accepted as original signatures.					