No. <b>W 6891</b>	Due	2. Registered	2. Registered Agent and Address (NO PO BOX)				
Return to:	Annual Report Form		JOHN E GAMBOA, M.D.				
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.  JOHN E GAMBOA, M.D., P.L.L.C.  SUSAN T GAMBOA  9620 W PEBBLE BROOK LANE  BOISE ID 83714-1764		No. of Control of Control	9620 W PEBBLE BROOK LANE BOISE ID 83714-1764			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			BOISE ID				
			3. <u>New</u> Regist	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA						
4. Limited Liability Companies: Enter N	ames and Addresse	s of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER JOHN E GAMBOA, M.D.		9620 W PEBBLE BROOK LANE	BOISE	ID	USA	83714-1764	
5. Organized Under the Laws of:  6. Annual Report must be signed.*							
ID	Signature: Susan T Gamboa			Date: 07/28/2014			
W 6891	Name (type or print): Susan T Gamboa			Title: Accountant			
Processed 07/28/2014	* Electronically pr	* Electronically provided signatures are accepted as original signatures.					