

No. W 64445		Due no later than Jul 31, 2016		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form		THOMAS JONES MD 255 N. 3RD E. REXBURG ID 83440	
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*	
		THOMAS JONES M.D. LLC WENDI L JONES 161 N. 2300 E. ST. ANTHONY ID 83445			
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	THOMAS JONES MD	161 N. 2300 E.	SAINT ANTHONY	ID	83445
5. Organized Under the Laws of:		6. Annual Report must be signed.*			
ID W 64445		Signature: Thomas Jones, MD		Date: 05/25/2016	
		Name (type or print): Thomas Jones, MD		Title: Manager	
Processed 05/25/2016		* Electronically provided signatures are accepted as original signatures.			