

No. <b>W 159515</b>	<b>Due no later than Dec 31, 2017</b> <b>Annual Report Form</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> JAMES M COOMBS MD PLLC JAMES M COOMBS 1415 PARK VIEW DR TWIN FALLS ID 83301		JAMES M COOMBS 1415 PARK VIEW DR TWIN FALLS ID 83301-3250			
			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	JAMES COOMBS	14	TWIN FALLS	ID	USA	83301-3250
5. Organized Under the Laws of:  <b>ID</b> <b>W 159515</b>	6. Annual Report must be signed.* Signature: JAMES M COOMBS Name (type or print): JAMES M COOMBS		Date: 11/02/2017 Title: President			
Processed 11/02/2017		* Electronically provided signatures are accepted as original signatures.				