| No. W 159515 | Due no later than Dec 31, 2016 | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---|---|-------|---------|-------------|
| Return to: | Annual Report Form | JAMES M COOMBS | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | 1. Mailing Address: Correct in this box if needed. | 1415 PARK VIEW DR TWIN FALLS ID 83301-8330 | | | |
| | JAMES M COOMBS MD PLLC JAMES M COOMBS 1415 PARK VIEW DR | | | | |
| | TWIN FALLS ID 83301 | 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | |
| 4. Limited Liability Companies: Enter N | lames and Addresses of at least one Member or Manager. | | | | |
| Office Held Name | Street or PO Address | City | State | Country | Postal Code |
| MEMBER JAMES CO | OMBS 14 | TWIN FALLS | ID | USA | 83301-3250 |
| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | | | | |
| ID | Signature: James Coombs | Date: 11/23/2016 | | | |
| W 159515 | Name (type or print): James Coombs | Title: Member | | | |
| Processed 11/23/2016 | * Electronically provided signatures are accepted as original signatures. | | | | |