No. <b>W 168300</b> Return to:		Due no later than Jun 30, 2018  Annual Report Form			2. Registered Agent and Address (NO PO BOX) SHANE MARSHALL			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  MOUNTAIN VIEW MEDICAL PLLC  MOUNTAIN VIEW MEDICAL  17194 MCCAULEY WAY  NAMPA ID 83687		NAMPA ID	17194 MCCAULEY WAY NAMPA ID 83687  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
2001		mes and Address	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	SHANE K M	ARSHALL	17194 MCCAULEY WAY	NAMPA	ID	USA	83687	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Sl	hane Marshall		Date: 05/02/2018			
W 168300		Name (type o	or print): Shane Marshall		Title: Manager			
Processed 05/02/2018		* Electronically provided signatures are accepted as original signatures.						