

No. W 66959		Due no later than Sep 30, 2017		Annual Report Form		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		1. Mailing Address: Correct in this box if needed. JAXGROUP, LLC JACK T RIGGS, M.D. 801 S 11TH STREET COEUR D'ALENE ID 83814		JACK T RIGGS, M.D. 801 S 11TH STREET COEUR D'ALENE ID 83814		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	
MANAGER	JACK T RIGGS, M.D.	801 S 11TH STREET	COEUR D'ALENE	ID		83814	
5. Organized Under the Laws of: ID W 66959		6. Annual Report must be signed.* Signature: Jack T. Riggs, M.D. Name (type or print): Jack T. Riggs, M.D.					
		Date: 09/07/2017 Title: Manager/Member					
Processed 09/07/2017		* Electronically provided signatures are accepted as original signatures.					