

No. W 17390		Due no later than Dec 31, 2014		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 1. Mailing Address: Correct in this box if needed. J. LAIRD SEACH, MD, PLLC J. LAIRD SEACH 3044 HEATHERWOOD RD TWIN FALLS ID 83301-8100 USA		J LAIRD SEACH 3044 HEATHERWOOD RD TWIN FALLS 83301-8100	
				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	J LAIRD SEACH	3044 HEATHERWOOD RD	TWIN FALLS	ID	83301
5. Organized Under the Laws of: ID W 17390		6. Annual Report must be signed.* Signature: J. Laird Seach MD Name (type or print): J. Laird Seach MD Date: 12/16/2014 Title: Owner/Manager			
Processed 12/16/2014		* Electronically provided signatures are accepted as original signatures.			