

No. <b>W 26513</b>	<b>Due no later than Oct 31, 2015</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> SOUTHWEST IDAHO PULMONARY ASSOCIATES, PLLC PAULA CARVALHO 907 HEARTHSTONE DR BOISE ID 83702 USA		PAULA CARVALHO 907 HEARTHSTONE DR BOISE ID 83702			
			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	PAULA CARVALHO	907 HEARTHSTONE DR	BOISE	ID		83702
MEMBER	WILLIAM H THOMPSON	4870 N SKYLINE DR	EAGLE	ID		83616
5. Organized Under the Laws of:  <b>ID</b> <b>W 26513</b>	6. Annual Report must be signed.* Signature: Paula Carvalho Name (type or print): Paula Carvalho		Date: 09/06/2015 Title: MD			
Processed 09/06/2015		* Electronically provided signatures are accepted as original signatures.				