

No. W 118269	Due no later than Oct 31, 2015 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. GREGSON PROFESSIONAL LIMITED LIABILITY COMPANY MICHAEL JAMES GREGSON 27 DUKE ST POCATELLO ID 83201	MICHAEL J GREGSON 27 DUKE ST POCATELLO ID 83201				
		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	MICHAEL J. GREGSON	27 DUKE STREET	POCATELLO	ID	USA	83201
5. Organized Under the Laws of: ID W 118269	6. Annual Report must be signed.* Signature: Michael J. Gregson Name (type or print): Michael J. Gregson		Date: 11/24/2015 Title: M.D.			
Processed 11/24/2015		* Electronically provided signatures are accepted as original signatures.				