No. **W 185439**	**Due no later than Jun 30, 2018** **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.** 1ST PRIORITY HEALTHCARE, PLLC REBECCA JEPPSON 848 S 7TH W SUGAR CITY ID 83448-5060	REBECCA JEPPSON 848 S 7TH WEST SUGAR CITY ID 83448-5060 3. New 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	REBECCA JEPPSON	848 S 7TH W	SUGAR CITY	ID		83448-5060

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 185439**	Signature: Rebecca Jeppson	Date: 05/01/2018
	Name (type or print): Rebecca Jeppson	Title: Registered Agent

Processed 05/01/2018

* Electronically provided signatures are accepted as original signatures.