

No. W 156847	Due no later than Oct 31, 2016 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. LORRAINE TANGEN M.D. PLLC DR LORRAINE TANGEN 1100 NORTH LINCOLN AVE JEROME ID 83338		DR LORRAINE TANGEN 1100 NORTH LINCOLN AVE JEROME ID 83338			
			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	DR. LORRAINE TANGEN	1100 N LINCOLN AVE.	JEROME	ID	USA	83338
5. Organized Under the Laws of: ID W 156847	6. Annual Report must be signed.* Signature: Lorraine Tangen m.D. Name (type or print): Lorraine Tangen m.D.		Date: 12/05/2016 Title: Physician			
Processed 12/05/2016		* Electronically provided signatures are accepted as original signatures.				