No. **W 25850**	**Due no later than Sep 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.** GOODING FAMILY PHYSICIANS, PLLC REID W LOFGRAN 267 N CANYON DR GOODING ID 83330	IAN KUNZ 267 N CANYON DR. GOODING ID 83330 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
MANAGER	REID W LOFGRAN	267 N CANYON DRIVE	GOODING	ID		83330

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 25850**	Signature: Reid W Lofgran	Date: 08/07/2018
	Name (type or print): Reid W Lofgran	Title: Manager

Processed 08/07/2018

* Electronically provided signatures are accepted as original signatures.