

No. W 89225		Due no later than Dec 31, 2016		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. COEUR D'ALENE SURGICAL AND VEIN CENTER, PLLC KEVIN M JOHNSON 608 NORTHWEST BLVD STE 301 COEUR D'ALENE ID 83814		KEVIN M JOHNSON MD 608 NORTHWEST BLVD STE 301 COEUR D'ALENE ID 83814	
				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	KEVIN M JOHNSON	608 NORTHWEST BLVD., STE. 301	COEUR D'ALENE	ID	USA 83814
5. Organized Under the Laws of: ID W 89225		6. Annual Report must be signed.* Signature: Kevin Johnson Name (type or print): Kevin Johnson Date: 11/01/2016 Title: Owner			
Processed 11/01/2016		* Electronically provided signatures are accepted as original signatures.			