

No. W 125195	Due no later than May 31, 2017 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. TRUTH MEDICAL, PLLC TIMOTHY M RUTH 2902 N CRANE CREEK BOISE ID 83702		TIMOTHY M RUTH 2902 N CRANE CREEK BOISE ID 83702			
			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
MANAGER	TIMOTHY M RUTH	2902 N CRANE CREEK	BOISE	ID	USA	83702
5. Organized Under the Laws of: ID W 125195	6. Annual Report must be signed.* Signature: Timothy M Ruth Name (type or print): Timothy M Ruth		Date: 03/23/2017 Title: MD			
Processed 03/23/2017		* Electronically provided signatures are accepted as original signatures.				