

No. W 17485		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		JEFF WELKER 301 NORTH 27TH BOISE ID 83702	
		1. Mailing Address: Correct in this box if needed. BOISE VALLEY SPORTS MEDICINE PLLC JEFFREY T WELKER 301 NORTH 27TH 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	JEFF WELKER	301 NORTH 27TH	BOISE	ID	83702
5. Organized Under the Laws of:		6. Annual Report must be signed.*			
ID W 17485		Signature: Jeffrey T. Welker		Date: 10/31/2016	
		Name (type or print): Jeffrey T. Welker		Title: Owner	
Processed 10/31/2016		* Electronically provided signatures are accepted as original signatures.			