

No. W 17485	Due no later than Dec 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.		JEFF WELKER 301 NORTH 27TH BOISE ID 83702			
	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: ID W 17485		6. Annual Report must be signed.* Signature: Jeffrey T. Welker Name (type or print): Jeffrey T. Welker		Date: 10/31/2016 Title: Owner		
Processed 10/31/2016		* Electronically provided signatures are accepted as original signatures.				