No. W 138735		Due no later than Jun 30, 2018			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. URGENT CARE OF JEROME, LLC KYLE D. JAMES PO BOX 773 JEROME ID 83338		_	KYLE D JAMES 133 W AVENUE A STE B JEROME ID 83338 3. New Registered Agent Signature:*			
4. Limited Liability Companie		nes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER	KYLE D. JAMES DEE ANN JAMES		932 EAST 00 SOUTH 47 WEST 400 SOUTH		DECLO BURLEY	ID ID	USA USA	83323 83318
	JEFFREY S S DONALD J K		1125 EAST 700 NORTH 519 NORTH 400 EAST		RUPERT RUPERT	ID ID	USA USA	83350 83350
5. Organized Under the Laws of: 6		6. Annual Report must be signed.*						
ID W 138735		Signature: Dee Ann James			Date: 05/10/2018			
		Name (type or print): Dee Ann James			Title: member			
Processed 05/10/2018 * Electronically provided signatures are accepted as original signatures.								