

No. W 67811		Due no later than Oct 31, 2017		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		KARA BESST 700 S MAIN MOSCOW ID 83843			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		GRITMAN MEDICAL PARK, LLC. KARA L BESST 700 S MAIN MOSCOW ID 83843					
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	GREG KIMBERLING	700 S MAIN STREET	MOSCOW	ID		83843	
MANAGER	KARA L BESST	700 S MAIN	MOSCOW	ID	USA	83843	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 67811		Signature: Kara Besst			Date: 11/20/2017		
		Name (type or print): Kara Besst			Title: Manager		
Processed 11/20/2017		* Electronically provided signatures are accepted as original signatures.					