No. <b>W 157471</b>		Due no later than Oct 31, 2018		2.	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  MARY BETH STABEN, M.D., PLLC.  MARY BETH STABEN  2173 E 6TH ST  MOSCOW ID 83843			WYNN MOSMAN 803 S JEFFERSON ST STE 4 MOSCOW ID 83843  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		PIOSCOW ID 63613			<u></u>			
4. Limited Liability Com	panies: Enter Nai	nes and Addresses of at least o	one Member or Manager.					
Office Held	Name	Stre	et or PO Address		City	State	Country	Postal Code
MEMBER MARY STABE		EN 2173	E 6TH STREET		MOSCOW	ID	USA	83843
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Mary Beth Staben			Date: 09/20/2018			
W 157471		Name (type or print): Mary Beth Staben			Title: MD			
Processed 09/20/2018 * Electronically provided signatures are accepted as original signatures.								