No. W 92744	Due	Due no later than Apr 30, 2016		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form	CORPORATION SERVICE COMPANY				
SECRETARY OF STATE	1. Mailing A	1. Mailing Address: Correct in this box if needed.		12550 W EXPLORER DR STE 100 BOISE ID 83713			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	KAREN M CLE	SOUND PHYSICIANS OF IDAHO, PLLC KAREN M CLEVEN 1498 PACIFIC AVENUE SUITE 400 TACOMA WA 98402		DODE 10 03/13			
	SUITE 400			3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	TACOMA WA						
4. Limited Liability Companies: Ent	er Names and Addresse	s of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER ROBER	T A. BESSLER	1498 PACIFIC AVENUE SUITE 400	TACOMA	WA	USA	98402	
	N M MCCARTY	1498 PACIFIC AVENUE SUITE 400	TACOMA	WA	USA	98402	
MEMBER PETER	BRINK	1498 PACIFIC AVENUE SUITE 400	TACOMA	WA	USA	98402	
5. Organized Under the Laws of:	6. Annual Report	must be signed.*					
ID	Signature: ST	Signature: STEVEN M. MCCARTY Date: 03/01/2016			5		
W 92744	Name (type or	Name (type or print): STEVEN M. MCCARTY			Title: MEMBER		
Processed 03/01/2016	* Electronically pr	* Electronically provided signatures are accepted as original signatures.					