

No. <b>W 175465</b>		<b>Due no later than Dec 31, 2017</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  CLIFFORD FAMILY MEDICINE PLLC 1456 ARAMIS DR POCATELLO ID 83204		KYLE CLIFFORD 1456 ARAMIS DR POCATELLO ID 83204			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name KYLE CLIFFORD	Street or PO Address 1456 ARAMIS DR		City POCATELLO	State ID	Country USA	Postal Code 83204
5. Organized Under the Laws of:  <b>ID</b> <b>W 175465</b>		6. Annual Report must be signed.*  Signature: KYLE CLIFFORD Name (type or print): KYLE CLIFFORD  Date: 01/16/2018 Title: PRESIDENT					
Processed 01/16/2018 * Electronically provided signatures are accepted as original signatures.							