

No. W 175465		Due no later than Dec 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		1. Mailing Address: Correct in this box if needed. CLIFFORD FAMILY MEDICINE PLLC 1456 ARAMIS DR POCATELLO ID 83204		KYLE CLIFFORD 1456 ARAMIS DR POCATELLO ID 83204			
				3. <u>New</u> Registered Agent Signature:*			
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	KYLE CLIFFORD	1456 ARAMIS DR	POCATELLO	ID	USA	83204	
5. Organized Under the Laws of: ID W 175465		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.					