No. W 183897	Due	Due no later than May 31, 2018			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		NICHOLAS PORTALSKI				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	NORTHWEST H	1. Mailing Address: Correct in this box if needed. NORTHWEST HEALTHCARE PROVIDERS PLLC NICHOLAS PORTALSKI 1131 N LINCOLN AVE POCATELLO ID 83204		1131 N LINCOLN AVE POCATELLO ID 83204-8320				
	POCATELLO ID			3. <u>New</u> Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companies: Er	ter Names and Addresses	of at least one Member or Manager.						
Office Held Name		Street or PO Address	City	State	Country	Postal Code		
	NIE PORTALSKI DLAS J PORTALSKI	1131 N. LINCOLN AVENUE 1131 N. LINCOLN AVENUE	POCATELLO POCATELLO	ID ID	USA USA	83204 83204		
5. Organized Under the Laws of:	6. Annual Report	6. Annual Report must be signed.*						
ID	Signature: Nich	Signature: Nicholas Portalski		Date: 03/20/2018				
W 183897	Name (type or	Name (type or print): Nicholas Portalski		Title: Member				
Processed 03/20/2018	* Electronically pro	* Electronically provided signatures are accepted as original signatures.						