

No. W 164704		Due no later than Apr 30, 2018 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. AUSTIN, LLC THOMAS M CHOPP M.D. 8854 W EMERALD ST #102 BOISE ID 83704		THOMAS M CHOPP M.D. 8854 W EMERALD ST #102 BOISE ID 83704			
NO FILING FEE IF RECEIVED BY DUE DATE				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 THOMAS M CHOPP	Street or PO Address 8854 W. EMERALD STR., STE. 102		City BOISE	State ID	Country USA	Postal Code 83704
5. Organized Under the Laws of: ID W 164704		6. Annual Report must be signed.* Signature: Thomas M. Chopp Name (type or print): Thomas M. Chopp Date: 02/27/2018 Title: member					
Processed 02/27/2018 * Electronically provided signatures are accepted as original signatures.							