No. W 100946		Due no later than Feb 28, 2017		2	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		Annual Report Form 1. Mailing Address: Correct in this box if needed. NORTH IDAHO LUNG, ASTHMA AND CRITICAL CARE, PLLC KEVIN B STRAIT 700 IRONWOOD DR STE 378 COUER D'ALENE ID 83814		LC	KEVIN B STRAIT DO 700 W IRONWOOD DR STE 378 COUER D'ALENE ID 83814-8381 3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		nos and Addresses	of at least one Member or Manager					
Office Held Name		nes and Addresses	Street or PO Address		City	State	Country	Postal Code
MEMBER T MEMBER K MEMBER C	TODD C HOOPMAN MD KEVIN J CHANG MD DAVID P YORK MD KEVIN B STRAIT DO		700 W. IRONWOOD DR, STE 378 700 W IRONWOOD DRIVE STE 37 700 W IRONWOOD DRIVE STE 37 700 W IRONWOOD DRIVE STE 37	78 78	COEUR D'ALENE COEUR D'ALENE COEUR D'ALENE COEUR D'ALENE	ID ID ID ID	USA USA USA USA	83814 83814 83814 83814
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 100946		Signature: Jennifer Scully Name (type or print): Jennifer Scully			Date: 03/16/2017 Title: Accountant			
Processed 03/16/2017 * Electronically provided signatures are accepted as original signatures.								