

No. W 10189		Due no later than Nov 30, 2017 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. EASTERN IDAHO MEDICAL CONSULTANTS, P.L.L.C. 2985 CORTEZ AVE STE 200 IDAHO FALLS ID 83404		BRADY L COOK 2985 CORTEZ AVE STE 200 IDAHO FALLS ID 83404			
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 MANAGER	Name SCOTT A TAYLOR	Street or PO Address 2985 CORTEZ AVE STE 200		City IDAHO FALLS	State ID	Country	Postal Code 83404
5. Organized Under the Laws of: ID W 10189		6. Annual Report must be signed.* Signature: M SIMPSON Name (type or print): M SIMPSON Date: 09/20/2017 Title: OFFICE MANAGER					
Processed 09/20/2017 * Electronically provided signatures are accepted as original signatures.							