No. <b>W 144276</b> Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720	Due no later than Nov 30, 2017 Annual Report Form  1. Mailing Address: Correct in this box if needed.  HADLEY MEDICINE, PLLC DAVID HADLEY	2. Registered Agent and Address (NO PO BOX)  JOHN A COLEMAN 401 GOODING ST N STE 201 TWIN FALLS ID 83301-8330  3. New Registered Agent Signature:*			
BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE	PO BOX 1293 TWIN FALLS ID 83303				
4. Limited Liability Companies: Enter Na Office Held Name	mes and Addresses of at least one Member or Manager.  Street or PO Address	City	State	Country	Postal Code
MEMBER DAVID HAD	775 POLE LINE ROAD W STE 301	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of:  ID  W 144276	6. Annual Report must be signed.* Signature: John A Coleman Name (type or print): John A Coleman	Date: 11/29/2017 Title: Agent			
Processed 11/29/2017	* Electronically provided signatures are accepted as original signatures.				