

No. W 71338		Due no later than Feb 28, 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. IDAHO OCCUPATIONAL MEDICINE GROUP, PLLC MICHAEL LUDWIG 3318 N GRAND MILL LN COEUR D'ALENE ID 83814		MICHAEL ALAN LUDWIG 3318 N. GRAND MILL LANE COUR D'ALENE ID 83814			
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	Name	Street or PO Address		City	State	Country	Postal Code
MEMBER	MICHAEL ALAN LUDWIG	3318 N. GRAND MILL LANE		COEUR D'ALENE	ID	83814	
5. Organized Under the Laws of: ID W 71338		6. Annual Report must be signed.* Signature: Michael Ludwig Name (type or print): Michael Ludwig Date: 03/20/2017 Title: M.D.					
Processed 03/20/2017 * Electronically provided signatures are accepted as original signatures.							