

No. <b>W 14810</b>		<b>Due no later than Mar 31, 2015</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  GIBBON CLINIC L.L.C. CHRISTINE E GIBBON 801 E MEDICAL CT POST FALLS ID 83854 USA		CHRISTINE E GIBBON 801 E MEDICAL CT POST FALLS 83854			
				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	
MANAGER	CHRISTINE ELAINE GIBBON	801 E MEDICAL CT	POST FALLS	ID	USA	83854-7298	
5. Organized Under the Laws of:  <b>ID W 14810</b>		6. Annual Report must be signed.* Signature: Christine E Gibbon Name (type or print): Christine E Gibbon Date: 01/19/2015 Title: Owner					
Processed 01/19/2015		* Electronically provided signatures are accepted as original signatures.					