No. **W 6891**	**Due no later than Sep 30, 2016**	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 RECEIVED BY DUE DATE**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** JOHN E GAMBOA, M.D., P.L.L.C. SUSAN T GAMBOA 9620 W PEBBLE BROOK LANE BOISE ID 83714-1764	JOHN E GAMBOA, M.D. 9620 W PEBBLE BROOK LANE BOISE ID 83714-1764 3. New 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	JOHN E GAMBOA, MD	9620 W PEBBLE BROOK LANE	BOISE	ID	USA	83714-1764

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 6891**	Signature: Susan T Gamboa	Date: 07/25/2016
	Name (type or print): Susan T Gamboa	Title: Accountant

Processed 07/25/2016

* Electronically provided signatures are accepted as original signatures.