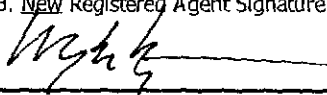



No. W 157471	Due no later than Oct 31, 2016 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX)
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. MARY BETH STABEN, M.D., PLLC. MARY BETH STABEN 2173 E 6TH ST MOSCOW ID 83843		MARY BETH STABEN 2173 E 6TH ST MOSCOW ID 83843 Wynn Mosman, Mosman Law Offices 803 S. Jefferson St., Ste 4 Moscow, ID 83843
			3. <u>New</u> Registered Agent Signature. 
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See instructions.			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Name	Street or PO Address	City State Country Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Mary Beth Staben, M.D.	2173 E. 6th Street	Moscow ID USA 83843
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: IDAHO W 157471		6. Signature:  Attorney Registered Agent Name (type or print): <u>Wynn Mosman</u>	
Issued 12/05/2016 by online		Date: <u>12-5-16</u> Title: <u>Attorney / Registered Agent</u>	

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM