

No. W 139613		Due no later than Jul 31, 2015		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. DIVOT DOCTOR, LLC. 2184 CHANNING WAY STE 323 IDAHO FALLS ID 83404		TIMOTHY J FUHRIMAN 191 SPIRIT COVE IDAHO FALLS ID 83404			
				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	TIMOTHY FUHRIMAN	191 SPIRIT COVE	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of: ID W 139613		6. Annual Report must be signed.* Signature: Tim Fuhriman Name (type or print): Tim Fuhriman Date: 08/04/2015 Title: Managing Member					
Processed 08/04/2015		* Electronically provided signatures are accepted as original signatures.					