

No. W 41519		Due no later than Aug 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. ST. JOSEPH'S EAR, NOSE & THROAT CLINIC, PLLC KELLY O'SULLIVAN 323 N SPOKANE ST STE 100 POST FALLS ID 83854		THOMAS R DE TAR 323 N SPOKANE ST STE 100 POST FALLS ID 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
MEMBER	THOMAS R DE TAR	323 N SPOKANE ST STE 100	POST FALLS	ID	83854
MEMBER	MICHAEL ERIK GILBERT	323 N SPOKANE ST STE 100	POST FALLS	ID	83854
5. Organized Under the Laws of:		6. Annual Report must be signed.*			
ID W 41519		Signature: Kelly O'Sullivan		Date: 06/23/2015	
		Name (type or print): Kelly O'Sullivan		Title: Office Manager	
Processed 06/23/2015		* Electronically provided signatures are accepted as original signatures.			