No. W 55249		Due no later than Oct 31, 2017	2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. SHIFA BLACKFOOT LLC JEFFREY CLARK PO BOX 986 BLACKFOOT ID 83221	FAHIM RAHIM 444 HOSPITAL WAY STE 607 POCATELLO ID 83201 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Compa	nies: Enter Nar	nes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER FAHIM RAHI		M 2850 SUMMIT DR	POCATELLO	ID		83201	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Jeffrey Clark	Date: 08/22/2017				
W 55249		Name (type or print): Jeffrey Clark	Title: CPA				
Processed 08/22/2017	rocessed 08/22/2017 * Electronically provided signatures are accepted as original signatures.						