No. **W 57483**	**Due no later than Dec 31, 2015** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** MEDICAL OFFICE LLC TROY GEYMAN BOX 208 6488 CHINOOK ST BONNERS FERRY ID 83805-0208	TROY GEYMAN MD 5853 HIGHWAY 1 BONNERS FERRY ID 83805 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
MANAGER	TROY GEYMAN	5853 HWY 1	BONNERS FERRY	ID		83805

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 57483**	Signature: Troy Geyman, MD	Date: 10/21/2015
	Name (type or print): Troy Geyman, MD	Title: Manager

Processed 10/21/2015

* Electronically provided signatures are accepted as original signatures.