

No. <b>W 178546</b>		<b>Due no later than Feb 28, 2018</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  CRAWFORD SURGICAL FIRST ASSISTING, LLC ROBERT GARY CRAWFORD 51 S PEPPERMINT DR NAMPA ID 83687		UNITED STATES CORPORATION AGEN 800 W MAIN ST STE 1460 BOISE ID 83702			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name ROBERT GARY CRAWFORD	Street or PO Address 51 S PEPPERMINT DR		City NAMPA	State ID	Country USA	Postal Code 83687
5. Organized Under the Laws of:  <b>ID</b> <b>W 178546</b>		6. Annual Report must be signed.*  Signature: robert g crawford Name (type or print): robert g crawford  Date: 02/08/2018 Title: CST/CSFA					
Processed 02/08/2018 * Electronically provided signatures are accepted as original signatures.							