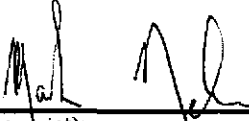


No. <b>W 82555</b>	<b>Due no later than Mar 31, 2018</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> MARK C NELSON 3975 S BRIARWOOD CIRCLE IDAHO FALLS ID 83404
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. <b>Mailing Address: Correct in this box if needed.</b> PHYSICIAN'S PROFESSIONAL SERVICES, LLC MARK C NELSON 3975 S BRIARWOOD CIRCLE IDAHO FALLS ID 83404		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member      Name      Street or PO Address      City      State      Country      Postal Code			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Mark Nelson	3975 Briarwood Circle Idaho 83404	Idaho Falls Idaho
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Mike Nadel	2265 E. Sunnyside Idaho Falls Idaho 83404	
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of:  <div style="text-align: center; font-weight: bold; font-size: large;">             IDAHO W 82555           </div>		6. Signature:  <hr/> Name (type or print): <u>Mark Nelson</u> <hr/> <div style="display: flex; justify-content: space-between;"> <div>             Date: <u>1-31-18</u>              Title: <u>1-31-18</u> </div> </div>	
Issued 01/24/2018 by SAT		116149	