

No. <b>W 17351</b>		<b>Due no later than Dec 31, 2016</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  JOHN L. SHUSS, M.D., PLLC JOHN L. SHUSS MD 775 POLE LINE ROAD W SUITE 216 TWIN FALLS ID 83301-5820 USA		JOHN L. SHUSS MD 775 POLE LINE ROAD W SUITE 216 TWIN FALLS ID 83301-5820			
				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	
MANAGER	JOHN L. SHUSS MD	775 POLE LINE ROAD W SUITE 216	TWIN FALLS	ID	USA	83301-5820	
5. Organized Under the Laws of:  <b>ID W 17351</b>		6. Annual Report must be signed.* Signature: John L. Shuss M.D. Name (type or print): John L. Shuss M.D. Date: 01/18/2017 Title: Manager					
Processed 01/18/2017		* Electronically provided signatures are accepted as original signatures.					