

No. W 138414	Due no later than May 31, 2017 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. GREGORY M FORD MD PLLC GREGORY M FORD 950 HOSPITAL WAY, SUITE A POCATELLO ID 83201 USA		GREGORY M FORD 950 HOSPITAL WAY, SUITE A POCATELLO ID 83201			
			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	GREGORY M FORD	950 HOSPITAL WAY, SUITE A	POCATELLO	ID	USA	83201
5. Organized Under the Laws of: ID W 138414	6. Annual Report must be signed.* Signature: Gregory Ford, MD Name (type or print): Gregory Ford, MD		Date: 05/08/2017 Title: Owner			
Processed 05/08/2017		* Electronically provided signatures are accepted as original signatures.				