No. <b>W 76612</b>		Due no later than Aug 31, 2018		2.	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form		_	RONALD H ROCK			
		1. Mailing Address: Correct in this box if needed.  NORTHWEST DOCTORS, LLC RON ROCK 1593 E POLSTON POST FALLS ID 83854			1593 E POSTON POST FALLS ID 83814  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Comp.	anies: Enter Nar	mes and Address	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER ADAM OLSCAMF		AMP	1593 E POLSTON		POST FALLS	ID	USA	83854
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Klallatin			Date: 08/23/2018			
W 76612		Name (type or print): Klallatin			Title: Accountant			
Processed 08/23/2018 * Electronically provided signatures are accepted as original signatures.								