

No. W 173138		Due no later than Oct 31, 2018		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. INLAND EMPIRE EAR, NOSE, THROAT AND ALLERGY, PLLC CHAD MCCORMICK 2830 S ESPINAZO DR COEUR D'ALENE ID 83814		CHAD MCCORMICK 2830 S ESPINAZO DR COEUR D'ALENE ID 83814	
				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
MEMBER	CHAD MCCORMICK	2830 S. ESPINAZO DR.	COEUR D'ALENE	ID	USA 83814
5. Organized Under the Laws of: ID W 173138		6. Annual Report must be signed.* Signature: Chad McCormick Name (type or print): Chad McCormick Date: 08/19/2018 Title: Member			
Processed 08/19/2018		* Electronically provided signatures are accepted as original signatures.			