

No. W 59314	Due no later than Feb 29, 2016 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. JOSHUA R. FULLMER, M.D., PLLC JOSHUA R FULLMER PO BOX 6 REXBURG ID 83440		JOSHUA R FULLMER 2200 S 6000 W REXBURG ID 83440			
			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	JOSHUA R FULLMER	264 E MAIN ST	REXBURG	ID		83440
5. Organized Under the Laws of: ID W 59314	6. Annual Report must be signed.* Signature: Joshua R Fullmer Name (type or print): Joshua R Fullmer		Date: 03/28/2016 Title: Owner			
Processed 03/28/2016		* Electronically provided signatures are accepted as original signatures.				