

No. W 166890		Due no later than May 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		1. Mailing Address: Correct in this box if needed. BOISE KETAMINE CLINIC PLLC NYKOL BAILEY 6023 N EAGLE ROAD BOISE ID 83713		NYKOL BAILEY 13691 W ANNABROOK DR BOISE ID 83713			
				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	NYKOL RICE	13691 W ANNABROOK DRIVE	BOISE	ID	USA	83713	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 166890		Signature: Nykol Bailey				Date: 06/18/2018	
		Name (type or print): Nykol Bailey				Title: CRNA	
Processed 06/18/2018		* Electronically provided signatures are accepted as original signatures.					