No. W 25850		Due no later than Sep 30, 2017		2. Registered A	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 1. Mailing Address: Correct in this box if needed. GOODING FAMILY PHYSICIANS, PLLC REID W LOFGRAN 134 WEST 4TH AVE GOODING ID 83330		GOODING ID	IAN KUNZ 134 WEST 4TH AVE GOODING ID 83330 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		mes and Addresses	of at least one Member or Manager					
Office Held	Name	ines and Addresses	Street or PO Address	City	State	Country	Postal Code	
MANAGER	REID W LO	FGRAN	134 WEST 4TH AVE	GOODING	ID		83330	
5. Organized Under the Laws of:		6. Annual Report Signature: Ian		Date: 07/24/2017				
W 25850		Name (type or print): Ian Kunz			Title: Agent			
Processed 07/24/2017 * Electronically provided signatures are accepted as original signatures.								