No. **W 142086**	**Due no later than Sep 30, 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.** CRITICAL ACCESS UROLOGY SERVICE LLC ROBERT W BOHUS MD PO BOX 490 INKOM ID 83245	ROBERT W BOHUS MD 6240 N RAPID CREEK RD INKOM ID 83245 3. New 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	ROBERT W BOHUS MD	PO BOX 490	INKOM	ID	USA	83245

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 142086**	Signature: robert w bohus	Date: 08/03/2016
	Name (type or print): robert w bohus	Title: manager

Processed 08/03/2016

* Electronically provided signatures are accepted as original signatures.