No. **W 137459**	**Due no later than May 31, 2017** **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.** PALOUSE SURGEONS, L.L.C. PALOUSE SURGEON 2301 W A ST. A MOSCOW ID 83843	KARA L BESST 700 S MAIN ST MOSCOW ID 83843 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
MEMBER	KARA BESST GRITMAN MEDICAL CENTER	700 S MAIN ST	MOSCOW	ID	USA	83843

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
WA **W 137459**	Signature: Kara Besst	Date: 06/20/2017
	Name (type or print): Kara Besst	Title: Owner

Processed 06/20/2017

* Electronically provided signatures are accepted as original signatures.