

No. W 70270		Due no later than Jan 31, 2016		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. WISE MEDICAL OFFICE, LLC DAVID L WISE MD 115 S 15TH AVE STE B POCATELLO ID 83201 USA		DAVID L WISE MD 115 S 15TH AVE STE B POCATELLO ID 83201			
				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	DAVID L WISE MD	115 15TH AVE STE B	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 70270		Signature: David L. Wise, MD				Date: 01/14/2016	
		Name (type or print): David L. Wise, MD				Title: Owner	
Processed 01/14/2016		* Electronically provided signatures are accepted as original signatures.					