

No. <b>W 4247</b>		<b>Due no later than Jun 30, 2018</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  NORTH IDAHO UROLOGY BUILDING, L.L.C. EDWARD ELLISON MD 980 W IRONWOOD DR STE 104 COEUR D'ALENE ID 83814		EDWARD ELLISON MD 980 W IRONWOOD DR STE 104 COEUR D'ALENE ID 83814			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name EDWARD D ELLISON	Street or PO Address 980 W IRONWOOD DR STE 104		City COEUR D'ALENE	State ID	Country USA	Postal Code 83814
5. Organized Under the Laws of:  <b>ID</b> <b>W 4247</b>		6. Annual Report must be signed.*  Signature: Edward Ellison MD Name (type or print): Edward Ellison MD  Date: 04/23/2018 Title: Physician owner					
Processed 04/23/2018 * Electronically provided signatures are accepted as original signatures.							