

No. W 4247		Due no later than Jun 30, 2018		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. 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	
				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
MEMBER	EDWARD D ELLISON	980 W IRONWOOD DR STE 104	COEURD'ALENE	ID	USA 83814
5. Organized Under the Laws of: ID W 4247		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.			