

No. <b>W 94835</b>		<b>Due no later than Jul 31, 2017</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>  DAVID GILES, M.D., PLLC DAVID J GILES, M.D. 3066 S WHITEPOST WAY EAGLE ID 83616-6164 USA		DAVID GILES MD 3066 S WHITEPOST WAY EAGLE ID 83616-6164			
<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	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	DAVID J GILES	3066 S. WHITEPOST WAY	EAGLE	ID	USA	83616-6164	
5. Organized Under the Laws of:  <b>ID</b> <b>W 94835</b>		6. Annual Report must be signed.*  Signature: David Giles Name (type or print): David Giles					
		Date: 05/17/2017 Title: Member					
Processed 05/17/2017      * Electronically provided signatures are accepted as original signatures.							