

No. W 139646	Due no later than Jul 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. BOWN CLINIC, LLC 199 N CAPITOL BLVD #300 BOISE ID 83702		GIVENS PURSLEY CORPORATE SERVI 601 W BANNOCK ST BOISE ID 83702			
			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	PERRY ERIC DAVIS	199 N CAPITOL BLVD SUITE 300	BOISE	ID	USA	83702
5. Organized Under the Laws of: ID W 139646	6. Annual Report must be signed.* Signature: P. Eric Davis Name (type or print): P. Eric Davis		Date: 05/17/2017 Title: Member			
Processed 05/17/2017		* Electronically provided signatures are accepted as original signatures.				