

No. W 133486		Due no later than Jan 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		1. Mailing Address: Correct in this box if needed. OWENS MEDICAL PLLC KEVIN OWENS 21 GRANADA PL BURLEY ID 83318		BETTY THIEMAN 253 ADAMS ST TWIN FALLS ID 83301			
NO FILING FEE IF RECEIVED BY DUE DATE				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	KEVIN SCOTT OWENS	21 GRANDA PL	BURLEY	ID	USA	83318	
5. Organized Under the Laws of: ID W 133486		6. Annual Report must be signed.* Signature: Kevin Owens Name (type or print): Kevin Owens					
		Date: 02/21/2017 Title: Owner					
Processed 02/21/2017 * Electronically provided signatures are accepted as original signatures.							