No. W 144716		Due no later than Nov 30, 2017		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		GIVENS PURS	GIVENS PURSLEY CORPORATE SERVI			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. KERRICK & ASSOCIATES LLC JAMES J. DAGLEN, M.D. 16080 HORIZON CALDWELL ID 83607		BOISE ID 8	601 W BANNOCK ST BOISE ID 83702 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Nar	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	JAMES J. D	AGLEN, M.D.	16080 HORIZON	CALDWELL	ID	USA	83607	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: James J Daglen		Date:	Date: 11/26/2017			
W 144716		Name (type or print): James J Daglen		Title:	Title: Managing Partner			
Processed 11/26/2017 * Electronically provided signatures are accepted as original signatures.								