

|  |                       |  |       |  |         |             |  |
|--|-----------------------|--|-------|--|---------|-------------|--|
| No. <b>W 175695</b>  |                       | Due no later than Dec 31, 2017   |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>       |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                       | <b>1. Mailing Address: Correct in this box if needed.</b><br>CMR MEDICAL PLLC<br>CHARLES M REYNOLDS MD<br>1619 N 6TH ST<br>BOISE ID 83702                    |       | CHARLES M REYNOLDS MD<br>1619 N 6TH ST<br>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   | CHARLES M REYNOLDS MD | 1619 N 6TH ST  | BOISE | ID   | USA     | 83702       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 175695</b>  |                       | 6. Annual Report must be signed.*<br>Signature: Charles M Reynolds MD<br>Name (type or print): Charles M Reynolds MD<br>Date: 03/01/2018<br>Title: President |       |  |         |             |  |
| Processed 03/01/2018   |                       | * Electronically provided signatures are accepted as original signatures.  |       |  |         |             |  |