

No. W 154434		Due no later than Jul 31, 2016 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. STAR CLINIC, LLC 199 NORTH CAPITOL BLVD #300 BOISE ID 83702		GIVENS PURSLEY CORPORATE SERVI 601 W BANNOCK ST BOISE ID 83702			
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	PERRY ERIC DAVIS	199 N. CAPITOL BLVD SUITE 300	BOISE	ID	USA	83702-5988	
5. Organized Under the Laws of: ID W 154434		6. Annual Report must be signed.* Signature: P. Eric Davis Name (type or print): P. Eric Davis					
		Date: 05/23/2016 Title: Member					
Processed 05/23/2016 * Electronically provided signatures are accepted as original signatures.							