

No. W 168099		Due no later than Jun 30, 2017		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. SHELLEY FAMILY MEDICAL LLC STEVEN JOHN CLINGER 820 S PARK AVE SHELLEY ID 83274 USA		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713	
				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
MANAGER	STEVEN JOHN CLINGER	820 SOUTH PARK AVE	SHELLEY	ID	USA
Postal Code 83274					
5. Organized Under the Laws of: ID W 168099		6. Annual Report must be signed.* Signature: Steven Clinger Name (type or print): Steven Clinger			
		Date: 06/30/2017 Title: President			
Processed 06/30/2017		* Electronically provided signatures are accepted as original signatures.			