No. <b>W 113210</b>				2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.		2202 14/ 611	JASON LUDWIG 3302 W SUGARBERRY ST			
		TREASURE VALLEY MEDICAL DIRECTORS, PLLC. JASON S LUDWIG 13150 W PERSIMMON LN BOISE ID 83713		EAGLE ID	EAGLE ID 83616  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Com	panies: Enter Nam	es and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	JASON SCOT	T LUDWIG	3302 W SUGARBERRY ST	EAGLE	ID	USA	83616	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 113210		Signature: Jason Ludwig			Date: 02/22/2016			
		Name (type or print): Jason Ludwig			Title: D.O.			
Processed 02/22/2016	,	* Electronically provided signatures are accepted as original signatures.						