

No. W 101298	Due no later than Mar 31, 2018 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		BRADY MITCHELL 24 S 200 E RUPERT ID 83350			
	SILVER SUMMIT MEDICAL, L.L.C. BRADY MITCHELL 24 S 200 E RUPERT ID 83350		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
MANAGER	BRADY MITCHELL	24 S 200 E	RUPERT	ID	USA	83350
5. Organized Under the Laws of: ID W 101298		6. Annual Report must be signed.* Signature: Brady Mitchell Name (type or print): Brady Mitchell		Date: 03/02/2018 Title: Manager		
Processed 03/02/2018		* Electronically provided signatures are accepted as original signatures.				