No. W 184368	Due no later than Jun 30, 2018		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form			BRYAN POGUE MD			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.			6755 COCHRANE DR MERIDIAN ID 83642-8364			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	RADIANT BODY PHYSICIAN GROUP, LLC BRYAN POGUE MD 2273 E GALA ST STE 110		MENDAN				
	MERIDIAN ID 83642		3. New Register	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
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 BRYAN CHARLES POGUE 6755 COCHRANE DRIVE		6755 COCHRANE DRIVE	MERIDIAN	ID	USA	83642	
5. Organized Under the Laws of:	6. Annual Report must be signed.*						
ID	Signature: BRYA		Date: 07/03/2018				
W 184368 Name (type or print): BRYAN CHARLES POGUE			Title: member				
Processed 07/03/2018	* Electronically provided signatures are accepted as original signatures.						