

No. W 43372		Due no later than Oct 31, 2016		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. TOTAL CARE MEDICAL CLINIC, PLLC SCOTT R BRESSLER MD 303 E LOGAN CALDWELL ID 83605		SCOTT R BRESSLER MD 303 E LOGAN CALDWELL ID 83605	
				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	SCOTT R BRESSLER MD	19246 EVENING DRIVE	CALDWELL	ID	83607
5. Organized Under the Laws of: ID W 43372		6. Annual Report must be signed.* Signature: Scott Bressler Name (type or print): Scott Bressler Date: 09/20/2017 Title: Owner			
Processed 09/20/2017		* Electronically provided signatures are accepted as original signatures.			