

No. W 70711		Due no later than Jan 31, 2018		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. K3 MEDICAL PLLC RON KRISTENSEN 1735 N. CLAREMONT DR. BOISE ID 83702 USA		RONALD M KRISTENSEN 1735 N. CLAREMONT DR BOISE ID 83702			
				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	RONALD M KRISTENSEN	1735 N. CLAREMONT DR.	BOISE	ID	USA	83702	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 70711		Signature: Ronald Kristensen				Date: 11/25/2017	
		Name (type or print): Ronald Kristensen				Title: manager	
Processed 11/25/2017		* Electronically provided signatures are accepted as original signatures.					