

No. W 56993		Due no later than Dec 31, 2015		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. KIM L. COX, MD, PLLC KIM L COX 8690 N. PARKS RD. POCATELLO ID 83201-9022		ERIC L OLSEN 201 E CENTER ST POCATELLO ID 83204	
				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	KIM L COX	8690 N. PARKS RD.	POCATELLO	ID	83201-9022
5. Organized Under the Laws of: ID W 56993		6. Annual Report must be signed.* Signature: Kim Cox Name (type or print): Kim Cox Date: 10/13/2015 Title: mANAGER			
Processed 10/13/2015		* Electronically provided signatures are accepted as original signatures.			