

No. <b>W 159518</b>	<b>Due no later than Dec 31, 2016</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b>		KYLE N KLINGER 1415 PARK VIEW DR TWIN FALLS ID 83301-8330			
	KYLE N KLINGLER MD PLLC KYLE N KLINGER 1415 PARK VIEW DR TWIN FALLS ID 83301		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	KYLE N KLINGLER	1	TWIN FALLS	ID	USA	83301-3250
5. Organized Under the Laws of:  <b>ID</b> <b>W 159518</b>		6. Annual Report must be signed.* Signature: Kyle N Klingler Name (type or print): Kyle N Klingler Date: 11/23/2016 Title: Member				
Processed 11/23/2016		* Electronically provided signatures are accepted as original signatures.				