

No. W 109425		Due no later than Dec 31, 2017		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		1. Mailing Address: Correct in this box if needed. SNAKE RIVER MEDICAL CONSULTING, L.L.C. RALPH EDWARD WEST P.O. BOX 100 BLACKFOOT ID 83221		RALPH WEST 184 N 680 W BLACKFOOT ID 83221			
				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	KARLA DEON WEST	P.O. BOX 100	BLACKFOOT	ID	USA	83221	
5. Organized Under the Laws of: ID W 109425		6. Annual Report must be signed.* Signature: Ralph E. West Name (type or print): Ralph E. West Date: 02/03/2018 Title: CEO					
Processed 02/03/2018		* Electronically provided signatures are accepted as original signatures.					