No. **W 42541**	**Due no later than Sep 30, 2017** **Annual Report Form**	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.** TREASURE VALLEY MEDICAL CLINICS, LLC TERRY M LITTLE 4750 N FIVE MILE RD BOISE ID 83713	TERRY M LITTLE 4750 N FIVE MILE RD BOISE ID 83713 3. New 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	TERRY M LITTLE DO	4750 N FIVE MILE RD	BOISE	ID		83713
MANAGER	CARMEN S LITTLE	4750 N FIVE MILE RD	BOISE	ID		83713

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 42541**	Signature: CARMEN	Date: 08/17/2017
	Name (type or print): CARMEN	Title: MANAGER

Processed 08/17/2017

* Electronically provided signatures are accepted as original signatures.