

No. W 151644		Due no later than May 31, 2016		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. SYRINGA CLINICAL SOLUTIONS, PLLC LARRY M BRADLEY 506 N 2600 E ST ANTHONY ID 83445		LARRY BRADLEY 506 N 2600 E ST ANTHONY ID 83445	
				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	LARRY M BRADLEY	506 N 2600 E	ST ANTHONY	ID	USA 83445
5. Organized Under the Laws of:		6. Annual Report must be signed.*			
ID W 151644		Signature: Larry Bradley Name (type or print): Larry Bradley		Date: 05/26/2016 Title: Owner	
Processed 05/26/2016		* Electronically provided signatures are accepted as original signatures.			