

No. <b>W 115245</b>		<b>Due no later than Jul 31, 2016</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>Annual Report Form</b>		KATHLEEN SEARLE 521 E 1250 N SHELLEY ID 83274			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		FIRTH MEDICAL CENTER PLLC KATHLEEN SEARLE 521 E 1250 N SHELLEY ID 83274					
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	SADIE ELIJAH	114 S. MAIN ST.	FIRTH	ID	USA	83236	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 115245</b>		Signature: Kathleen Searle			Date: 05/27/2016		
		Name (type or print): Kathleen Searle			Title: Owner		
Processed 05/27/2016		* Electronically provided signatures are accepted as original signatures.					