

No. W 28863	Due no later than Feb 29, 2016 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.		LAWRENCE K GIBBON MD 185 W. 4TH AVE STE B POST FALLS ID 83854			
	GIBBON JACOBSEN, LLC KRIS K GIBBON 185 W. 4TH AVE STE B POST FALLS ID 83854		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
MANAGER	LAWRENCE K GIBBON MD	185 W. 4TH AVE STE B	POST FALLS	ID		83854
MANAGER	CHER K JACOBSEN MD	185 W. 4TH AVE STE B	POST FALLS	ID		83854
5. Organized Under the Laws of: ID W 28863	6. Annual Report must be signed.* Signature: Kris Gibbon Name (type or print): Kris Gibbon		Date: 12/23/2015 Title: office manager			
Processed 12/23/2015		* Electronically provided signatures are accepted as original signatures.				