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|--|----------------|--|------|--|---------|------------------|--|
| No. W 24906 | | Due no later than Jul 31, 2014 | | 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 | | WINSTON V BEARD 2105 CORONADO IDAHO FALLS ID 83404 | | | |
| | | 1. Mailing Address: Correct in this box if needed. ERIC A WINGERSON DO AND DIGESTIVE HEALTH CENTER PROFESSIONAL COMPANY ERIC A WINGERSON PO BOX 18731 RENO NV 89511 USA | | 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 | ERIC WINGERSON | PO BOX 18731 | RENO | NV | USA | 89511 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 24906 | | Signature: Eric A. Wingerson | | | | Date: 09/08/2014 | |
| | | Name (type or print): Eric A. Wingerson | | | | Title: Manager | |
| Processed 09/08/2014 | | * Electronically provided signatures are accepted as original signatures. | | | | | |