

No. W 114706		Due no later than Jun 30, 2018		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. IDAHO REGIONAL HAND & UPPER EXTREMITY CENTER PLLC JEREMY R PORTER 444 HOSPITAL WAY STE 710 POCATELLO ID 83201		JEFFREY STUCKI 1283 N BONNEVILLE RD INKOM ID 83245			
				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	JEFFREY D STUCKI	1283 N BONNEVILLE RD	INKOM	ID	USA	83245	
MEMBER	VERMON S ESPLIN	12640 PREAKNESS CIRCLE	POCATELLO	ID	USA	83202	
5. Organized Under the Laws of: ID W 114706		6. Annual Report must be signed.* Signature: Jeremy Porter Name (type or print): Jeremy Porter					
Date: 04/23/2018 Title: Manager							
Processed 04/23/2018		* Electronically provided signatures are accepted as original signatures.					