No. **W 110631**	**Due no later than Jan 31, 2017** **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.** COIRE WEATHERS, MD, PLLC COIRE C WEATHERS 413 N ALLUMBAUGH ST SUITE 101 BOISE ID 83704	COIRE WEATHERS MD 413 N ALLUMBAUGH ST STE 101 BOISE ID 83704 3. New 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	COIRE CRAIG WEATHERS	413 N ALLUMBAUGH ST SUITE 101	BOISE	ID	USA	83704

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 110631**	Signature: Jennifer Burch	Date: 01/09/2017
	Name (type or print): Jennifer Burch	Title: Business Manager

Processed 01/09/2017

* Electronically provided signatures are accepted as original signatures.