

No. <b>W 154064</b>		<b>Due no later than Jul 31, 2018</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>  <b>1. Mailing Address: Correct in this box if needed.</b>  GORILLA FISH HEALTHCARE PLLC H TYLER LARSEN 149 THIRD AVE E TWIN FALLS ID 83301		H TYLER LARSEN 149 THIRD AVE E TWIN FALLS ID 83301			
				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	H TYLER LARSEN	377 WHISPERING PINE DR.	TWIN FALLS	ID	USA	83301-8915	
5. Organized Under the Laws of:  <b>ID W 154064</b>		6. Annual Report must be signed.* Signature: TYLER LARSEN Name (type or print): TYLER LARSEN Date: 05/21/2018 Title: MANAGER					
Processed 05/21/2018		* Electronically provided signatures are accepted as original signatures.					