No. W 24906		Due no later than Jul 31, 2018		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		WINSTON V BEARD				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ERIC A WINGERSON DO AND DIGESTIVE HEALTH CENTER PROFESSIONAL COMPANY RENE WINGERSON 453 W 350 N BLACKFOOT ID 83221 USA		2105 CORONADO IDAHO FALLS ID 83404 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Cor	mpanies: Enter Nai	mes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER	R ERIC WINGERSON		453 W 350 N		BLACKFOOT	ID		83221
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Eric A. Wingerson			Date: 08/14/2018			
W 24906		Name (type or print): Eric A. Wingerson			Title: Mgr.			
Processed 08/14/2018 * Electronically provided signatures are accepted as original signatures.								