| No. W 155250 | | Due no later than Aug 31, 2016 | | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|-----------------|--|-------------------------------------|---|-------------------------|-------------|----------------|----------------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. TIMOTHY E. SNELL, M.D., PLLC TIMOTHY E. SNELL 3040 OWYHEE ST POCATELLO ID 83201 | | ERIC L OLSEN 505 PERISHING AVE #100 POCATELLO ID 83201 3. New Registered Agent Signature:* | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 2007 | | | | |
| | | mes and Addresse | s of at least one Member or Manage | er. | Cib. | Ctata | Country | Doctal Code |
| | ame IMOTHY E | SNELL | Street or PO Address 3040 OWYHEE | | City POCATELLO | State ID | Country USA | Postal Code 83201 |
| 5. Organized Under the Laws of: ID W 155250 | | 6. Annual Report must be signed.* Signature: ERIC L OLSEN Name (type or print): ERIC L OLSEN | | | 09/23/2016 REGISTRED | AGENT | | |
| Processed 09/23/2016 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |