No. <b>W 171007</b>		Due no later than Sep 30, 2017		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		the second second second second	MICHAEL PRATT			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  PRATT MEDICAL SERVICES, PLLC  MICHAEL PRATT  2604 DENALI DR  BURLEY ID 83318		BURLEY ID	2604 DENALI DR BURLEY ID 83318  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Na	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER MICHAEL OGDEN PRATT		2604 DENALI DR	BURLEY	ID	USA	83318		
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Michael Pratt			Date: 10/24/2017			
W 171007		Name (type or print): Michael Pratt			Title: MD			
Processed 10/24/2017	Processed 10/24/2017 * Electronically provided signatures are accepted as original signatures.							