No. W 128968		Due no later than Sep 30, 2017		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			MURRY B STURKIE DO			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. DOCTORS DIET PROGRAM OF IDAHO, PLLC MURRY B STURKIE 13601 W MCMILLAN RD SUITE 102-319		BOISE ID	4347 N CHAPALLA WAY BOISE ID 83713 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		BOISE ID 83713-2025 USA						
4. Limited Liability Compa	nies: Enter Na	mes and Address	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	ER MURRY B STURKIE		4347 N CHAPALLA WAY	BOISE	ID	USA	83713	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Jason Sturkie		Da	Date: 11/08/2017			
W 128968		Name (type or print): Jason Sturkie		Tit	Title: Office Manager			
Processed 11/08/2017 * Electronically provided signatures are accepted as original signatures.								