

No. W 70711		Due no later than Jan 31, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. K3 MEDICAL PLLC RON KRISTENSEN 1735 N. CLAREMONT DR. BOISE ID 83702 USA		RONALD M KRISTENSEN 1735 N. CLAREMONT DR BOISE ID 83702			
				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	RONALD M KRISTENSEN	1735 N. CLAREMONT DR.	BOISE	ID	USA	83702	
5. Organized Under the Laws of: ID W 70711		6. Annual Report must be signed.* Signature: ron kristensen Name (type or print): ron kristensen Date: 11/20/2016 Title: manager					
Processed 11/20/2016		* Electronically provided signatures are accepted as original signatures.					