No. <b>W 39749</b>		ue no later than May 31, 2016	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:	to: Annual Report Form		ERIC L OLSEN				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	VLA MEDICA VICKI L ALI	ELLO CREEK RD	POCATELLO	201 E CENTER ST POCATELLO ID 83204  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Ente	er Names and Addres	ses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER VICKI LYNN ALLEN 7961 POCATELLO CREEK		7961 POCATELLO CREEK RD	POCATELLO	ID		83201	
5. Organized Under the Laws of: 6. Annual		ort must be signed.*					
ID	Signature: \	Signature: Vicki Allen		Date: 03/21/2016			
W 39749	Name (type	Name (type or print): Vicki Allen		Title: Member			
Processed 03/21/2016	* Electronically	* Electronically provided signatures are accepted as original signatures.					