No. W 96190		Due no later than Sep 30, 2016		2	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			MICHAEL J WHYTE 2635 CHANNING WAY IDAHO FALLS ID 83404			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. EMERGENCY OTOLARYNGOLOGY SERVICES, PLLC MICHAEL J WHYTE 2635 CHANNING WAY						
		IDAHO FALLS ID 83404		3	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compar	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
MEMBER DANIEL K H		INCKLEY	2065 E 17TH STREET SUITE A		IDAHO FALLS	ID	USA	83404
5. Organized Under the Laws of:		6. Annual Report	must be signed.*					
ID		Signature: Michael J. Whyte			Date: 07/29/2016			
W 96190		Name (type or print): Michael J. Whyte			Title: Registered Agent			
Processed 07/29/2016 * Electronically provided signatures are accepted as original signatures.								