No. **W 139488**	**Due no later than Jun 30, 2017** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** MAGIC VALLEY MEDICINE, PLLC SAMUEL H BARKER 844 WASHINGTON ST N STE 400 TWIN FALLS ID 83301	JESSICA BARKER 844 WASHINGTON ST N STE 400 TWIN FALLS ID 83301 3. New 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
MEMBER	SAMUEL H BARKER	1425 ANNY DR W	TWIN FALLS	ID	USA	83301

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 139488**	Signature: Samuel H Barker	Date: 05/03/2017
	Name (type or print): Samuel H Barker	Title: Owner

Processed 05/03/2017

* Electronically provided signatures are accepted as original signatures.