

No. <b>W 87501</b>		<b>Due no later than Oct 31, 2016</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  NORTH IDAHO SURGERY, PLLC JOHN P LUNDEBY 14109 S ROSA BUTTE LANE SPOKANE WA 99224 USA		JOHN P LUNDEBY M.D. 3741 WEST FAIRWAY DRIVE COEUR D'ALENE ID 83815			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name JOHN P LUNDEBY	Street or PO Address 524 WEST 6TH AVENUE		City SPOKANE	State WA	Country USA	Postal Code 99204
5. Organized Under the Laws of:  <b>ID</b> <b>W 87501</b>		6. Annual Report must be signed.*  Signature: John P Lundeby Name (type or print): John P Lundeby  Date: 09/14/2016 Title: Member					
Processed 09/14/2016      * Electronically provided signatures are accepted as original signatures.							