

No. <b>W 62923</b>		<b>Due no later than May 31, 2016</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  YOST MEDICAL ASSOCIATES, LLC AMY H YOST 235 FLUME ST BOISE ID 83712		AMY H YOST 235 FLUME ST BOISE ID 83712	
				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	AMY H YOST	235 FLUME STREET	BOISE	ID	83712
5. Organized Under the Laws of:  <b>ID W 62923</b>		6. Annual Report must be signed.* Signature: Amy Yost Name (type or print): Amy Yost Date: 03/20/2016 Title: Owner			
Processed 03/20/2016		* Electronically provided signatures are accepted as original signatures.			