

No. W 39617	Due no later than May 31, 2018 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. AMMON MEDICAL AND URGENT CARE, PLLC TERRY N AMIEL MD 3456 E 17TH ST STE 125 AMMON ID 83406		TERRY N AMIEL MD 3456 E 17TH ST STE 125 AMMON ID 83406			
			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
MEMBER	TERRY N AMIEL MD	3456 E 17TH ST STE 125	AMMON	ID		83406
5. Organized Under the Laws of: ID W 39617		6. Annual Report must be signed.* Signature: Heather Quinton Name (type or print): Heather Quinton Date: 03/20/2018 Title: Office Manager				
Processed 03/20/2018		* Electronically provided signatures are accepted as original signatures.				