

No. <b>W 109425</b>		<b>Due no later than Dec 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>  SNAKE RIVER MEDICAL CONSULTING, L.L.C. RALPH EDWARD WEST 24 WEST 100 NORTH BLACKFOOT ID 83221-5806		RALPH WEST 24 W 100 N BLACKFOOT ID 83221			
				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	KARLA DEON WEST	P.O. BOX 100	BLACKFOOT	ID	USA	83221	
5. Organized Under the Laws of:  <b>ID W 109425</b>		6. Annual Report must be signed.* Signature: Ralph E. West Name (type or print): Ralph E. West Date: 12/09/2016 Title: CEO					
Processed 12/09/2016		* Electronically provided signatures are accepted as original signatures.					