| No. W 13112 | | Due no later than Oct 31, 2014 | | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|--------------------|---|--|---|---|---------|---------|-------------|
| Return to: | | Annual Report Form | | ERIC BENSON | | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. ERIC P. BENSON, M.D., PLLC ERIC P BENSON 502 W APPALOOSA AVE POST FALLS ID 83854 | | | 750 N SYRINGA ST., SUITE 100A POST FALLS 83854 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | USA | | | | <u></u> | | |
| 4. Limited Liability Com | ıpanies: Enter Naı | mes and Address | ses of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | | City | State | Country | Postal Code |
| MEMBER ERIC P BENSO | | SON | 502 W APPALOOSA AVE | | POST FALLS | ID | USA | 83854 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Eric Benson | | | Date: 10/19/2014 | | | |
| W 13112 | | Name (type or print): Eric Benson | | | Title: member | | | |
| Processed 10/19/2014 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |