No. <b>W 29987</b>		D	2. Registered	2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  ERIK S. JONES, D.O., PLLC ERIK S. JONES 222 N 2ND ST STE 202 BOISE ID 83702  ERIK S JONES 3. New Registered Age		ST STE 202 83702	ignature:*			
NO FILING F RECEIVED BY D  4. Limited Liability Comp	UE DATE	mes and Address	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	ERIK S JON	ES DO	1215 N. 22ND ST.	BOISE	ID	USA	83702	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 29987		Signature: Erik S. Jones		Date	Date: 05/07/2014			
		Name (type or print): Erik S. Jones		Title	Title: Owner/Physician			
Processed 05/07/2014	* Electronically provided signatures are accepted as original signatures.							