No. **W 28863**	**Due no later than Feb 28, 2018**	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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** GIBBON JACOBSEN, LLC KRIS K GIBBON 185 W. 4TH AVE STE B POST FALLS ID 83854	LAWRENCE K GIBBON MD 185 W. 4TH AVE STE B POST FALLS ID 83854 3. New 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	LAWRENCE K GIBBON MD	185 W. 4TH AVE STE B	POST FALLS	ID		83854
MANAGER	CHER K JACOBSEN MD	185 W. 4TH AVE STE B	POST FALLS	ID		83854

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 28863**	Signature: Kris Gibbon	Date: 12/29/2017
	Name (type or print): Kris Gibbon	Title: office manager

Processed 12/29/2017

* Electronically provided signatures are accepted as original signatures.