No. **W 26431**	**Due no later than Oct 31, 2014** **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.** CHER JACOBSEN, M.D., PLLC 185 W 4TH AVE STE B POST FALLS ID 83854	CHER JACOBSEN, M.D. 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
MEMBER	CHER JACOBSEN, M.D.	185 W. 4TH AVE STE B	POST FALLS	ID	USA	83854

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 26431**	Signature: Cher Jacobsen	Date: 08/19/2014
	Name (type or print): Cher Jacobsen	Title: Officer

Processed 08/19/2014

* Electronically provided signatures are accepted as original signatures.