

No. W 57483		Due no later than Dec 31, 2016 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		1. Mailing Address: Correct in this box if needed. MEDICAL OFFICE LLC TROY GEYMAN BOX 208 6488 CHINOOK ST BONNERS FERRY ID 83805-0208		TROY GEYMAN MD 5853 HIGHWAY 1 BONNERS FERRY ID 83805			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name TROY GEYMAN	Street or PO Address 5853 HWY 1		City BONNERS FERRY	State ID	Country	Postal Code 83805
5. Organized Under the Laws of: ID W 57483		6. Annual Report must be signed.* Signature: Troy Geyman Name (type or print): Troy Geyman Date: 11/02/2016 Title: Manager					
Processed 11/02/2016 * Electronically provided signatures are accepted as original signatures.							