No. W 169909		Due no later than Aug 31, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form 1. Mailing Address: Correct in this box if needed. GLEN R. GROBEN, MD, PLLC GLEN R GROBEN MD 42 MEADOW LANE BOISE ID 83716		GLEN R GROBEN MD 42 MEADOW LANE			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	GLEN R. GROBE GLEN R. GROBI 42 MEADOW LA			BOISE ID 83716 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: En	ter Names and Addresses	of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER GLEN	ROBERT GROBEN	42 MEADOW LANE	BOISE	ID	USA	83716	
5. Organized Under the Laws of: 6. Annual		must be signed.*					
ID	Signature: Gler	Signature: Glen Groben		Date: 09/30/2017			
W 169909	Name (type or	Name (type or print): Glen Groben		Title: Forensic Pathologist			
Processed 09/30/2017	* Electronically pro	* Electronically provided signatures are accepted as original signatures.					