No. **W 103687**	**Due no later than May 31, 2018** **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.** ROBERTS EMERGENCY MEDICINE, PLLC RYAN J ROBERTS DO 2143 STONE RIDGE DR. TWIN FALLS ID 83301	RYAN J ROBERTS DO 2143 STONE RIDGE DR. TWIN FALLS ID 83301 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	RYAN J ROBERTS	2143 STONE RIDGE DR.	TWI	ID	USA	83301

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 103687**	Signature: Ryan J. Roberts DO	Date: 03/19/2018
	Name (type or print): Ryan J. Roberts DO	Title: President

Processed 03/19/2018

* Electronically provided signatures are accepted as original signatures.