No. W 121498		Due no later than Jan 31, 2017		2.	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. BRAD C. ERIKSON D.O., PLLC JENNIFER ERIKSON 1411 N 1070 E SHELLEY ID 83274			BRAD C ERIKSON 1411 N 1070 E SHELLEY ID 83274 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		mes and Addresses of a	at least one Member or Manager					
Office Held	Name	ries and Addresses of C	Street or PO Address	(City	State	Country	Postal Code
MEMBER	BRAD C ERIKSON		1411 N 1070 E	S	HELLEY	ID	USA	83274
5. Organized Under the Laws of: ID W 121498		6. Annual Report must be signed.* Signature: Dr. Brad Erikson			Date: 01/11/2017			
		Name (type or print): Dr. Brad Erikson Title: owner * Electronically provided signatures are accepted as original signatures.						