

No. W 158495	Due no later than Nov 30, 2016 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) NATHAN M OLSEN 485 "E" ST IDAHO FALLS ID 83402																																				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. EIM, LLC 485 "E" ST IDAHO FALLS ID 83402		3. New Registered Agent Signature.																																				
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager ☐ Member ☒</td> <td>Bradford L. Talcott, M.D.</td> <td>2680 Channing Way</td> <td>Idaho Falls</td> <td>ID</td> <td>Bonneville</td> <td>83404</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager ☐ Member ☒	Bradford L. Talcott, M.D.	2680 Channing Way	Idaho Falls	ID	Bonneville	83404	Manager ☐ Member ☐							Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 158495		6. Signature:  Name (type or print): Bradford L. Talcott			Date: 11/23/16 Title: Member																																		

Issued 11/21/2016 by KAH

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