

No. <b>W 139646</b>		<b>Due no later than Jul 31, 2015</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  BOWN CLINIC, LLC 199 N CAPITOL BLVD #300 BOISE ID 83702		GIVENS PURSLEY CORPORATE SERVI 601 W BANNOCK ST BOISE ID 83702	
				3. <u>New</u> 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
MEMBER	PERRY ERIC DAVIS	199 N CAPITOL BLVD SUITE 300	BOISE	ID	USA
Postal Code 83702					
5. Organized Under the Laws of:  <b>ID W 139646</b>		6. Annual Report must be signed.* Signature: P. ERIC DAVIS Name (type or print): P. ERIC DAVIS  Date: 05/19/2015 Title: MANAGER			
Processed 05/19/2015		* Electronically provided signatures are accepted as original signatures.			