

No. W 16799		Due no later than Oct 31, 2014 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		1. Mailing Address: Correct in this box if needed. WILLIAM F GANZ MD FACS PLLC WILLIAM F GANZ 2236 N MERRITT CREEK LOOP SUITE A COEUR D'ALENE ID 83814		WILLIAM F GANZ 2236 N MERRITT CREEK LOOP SUITE A COEUR D'ALENE 83814		
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*		
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held MEMBER	Name WILLIAM F GANZ	Street or PO Address 2236 N MERRITT CREEK LOOP	City SUITE A COEUR D'ALENE	State ID	Country	Postal Code 83814
5. Organized Under the Laws of: ID W 16799		6. Annual Report must be signed.* Signature: William Ganz Name (type or print): William Ganz Date: 01/07/2015 Title: Member				
Processed 01/07/2015 * Electronically provided signatures are accepted as original signatures.						