


W 158495

<https://sos.idaho.gov/CorpPrintForm/display.aspx?cnrm=W158495&cr...>

No. W 158495	Due no later than Nov 30, 2017 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. Sec 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 <input type="checkbox"/> Member <input checked="" type="checkbox"/></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 <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></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 <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Bradford L. Talcott, M.D.	2680 Channing Way	Idaho Falls	ID	Bonneville	83404	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 158495		6. Signature:  Date: <u>10/5/17</u> Name (type or print): <u>Bradford L. Talcott</u> Title: <u>Member</u>																																					

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM