

No. <b>W 64085</b>		<b>Due no later than Jun 30, 2016</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>  SHARMA DOMESTIC CAPITAL, LLC CAROLYN ADKINS 3029 S WHITE CASTLE AVE EAGLE ID 83616		AMIT SHARMA M.D. 1633 S WATER LEAF AVE EAGLE ID 83616		
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*		
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held MANAGER	Name AMIT SHARMA M.D.	Street or PO Address 1633 S WATER LEAF AVE	City EAGLE	State ID	Country	Postal Code 83616
5. Organized Under the Laws of:  <b>ID</b> <b>W 64085</b>		6. Annual Report must be signed.*  Signature: Amit Sharma Name (type or print): Amit Sharma  Date: 05/15/2016 Title: Manager				
Processed 05/15/2016 * Electronically provided signatures are accepted as original signatures.						