

No. W 64085		Due no later than Jun 30, 2016		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. 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	
				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 Postal Code
MANAGER	AMIT SHARMA M.D.	1633 S WATER LEAF AVE	EAGLE	ID	83616
5. Organized Under the Laws of: ID W 64085		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.			