

No. W 28316	Due no later than Feb 28, 2018 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. BRIAN L. SAMUELS, M.D., PLLC BRIAN L SAMUELS MD 5371 EAST LISA ROAD HARRISON ID 83833-8726		BRIAN L SAMUELS MD 5371 EAST LISA ROAD HARRISON ID 83833-8726			
			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
MEMBER	BRIAN L SAMUELS MD	5371 E LISA RD	HARRISON	ID	USA	83833
5. Organized Under the Laws of: ID W 28316	6. Annual Report must be signed.* Signature: Brian L. Samuels Name (type or print): Brian L. Samuels		Date: 12/26/2017 Title: Member			
Processed 12/26/2017		* Electronically provided signatures are accepted as original signatures.				