

No. W 51890	Due no later than Jun 30, 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. STREAM TEAM, LLC MICHELLE K FROEHLICH 980 W IRONWOOD DR STE 104 COEUR D'ALENE ID 83814		EDWARD D ELLISON 980 W IRONWOOD DR STE 104 COEUR D'ALENE ID 83814			
			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	EDWARD D ELLISON	980 W IRONWOOD DR SUITE 104	COEUR D'ALENE	ID		83814
MANAGER	RANDIL L CLARK	980 W IRONWOOD DR SUITE 104	COEUR D'ALENE	ID		83814
5. Organized Under the Laws of: ID W 51890	6. Annual Report must be signed.* Signature: Edward Ellison MD Name (type or print): Edward Ellison MD		Date: 04/23/2018 Title: Physician owner			
Processed 04/23/2018		* Electronically provided signatures are accepted as original signatures.				