

No. W 166884		Due no later than May 31, 2018		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. SUMMIT FAMILY HEALTH PLLC 1828 S MILLENNIUM WAY #400 MERIDIAN ID 83642		WILLIAM LOVELAND 1828 S MILLENNIUM WAY #300 MERIDIAN ID 83642			
				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	ANGELA PELLANT	5527 QUAIL SUMMIT	BOISE	ID	USA	83703	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 166884		Signature: William Loveland				Date: 05/03/2018	
		Name (type or print): William Loveland				Title: Manager	
Processed 05/03/2018		* Electronically provided signatures are accepted as original signatures.					