No. <b>W 142086</b>		Due no later than Sep 30, 2017		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		ROBERT W	ROBERT W BOHUS MD			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  CRITICAL ACCESS UROLOGY SERVICE LLC ROBERT W BOHUS MD PO BOX 490 INKOM ID 83245		INKOM ID	6240 N RAPID CREEK RD INKOM ID 83245  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compar	nies: Enter Na	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	ROBERT W	BOHUS MD	PO BOX 490	INKOM	ID	USA	83245	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Robert bohus md			Date: 07/31/2017			
W 142086		Name (type or		Title: manager				
Processed 07/31/2017 * Electronically provided signatures are accepted as original signatures.								