No. **W 56993**	**Due no later than Dec 31, 2017** **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.** KIM L. COX, MD, PLLC KIM L COX 8690 N. PARKS RD. POCATELLO ID 83201-9022	ERIC L OLSEN 201 E CENTER ST POCATELLO ID 83204 3. New 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	KIM L COX	8690 N. PARKS RD.	POCATELLO	ID		83201-9022

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 56993**	Signature: Kim Cox	Date: 11/01/2017
	Name (type or print): Kim Cox	Title: Manager

Processed 11/01/2017

* Electronically provided signatures are accepted as original signatures.