SALES OF A		later than Aug 31, 2018	2. Registered Agent and Address (NO PO BOX)			
Return to: Ann		nual Report Form	RYAN CLEVERLEY  101 S CAPITOL BLVD STE 1700  BOISE ID 83702			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.					
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	TWIN MEDICAL OFFICE BUILDING, LLC RYAN CLEVERLEY 101 S CAPITOL BLVD STE 1700 BOISE ID 83702		BOISE ID 63702			
			3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE						
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 DAVID S. V COMPANY,	VALI KC GARDNER LC	201 S. MAIN STREET SUITE 2000	SALT LAKE CITY	UΤ	USA	84111
5. Organized Under the Laws of: 6. Annual Report must b		t be signed.*				
ID	<b>ID</b> Signature: David S. Wali		Date: 09/21/2018			
W 170066	Name (type or print): David S. Wali		Title: Chief Operating Officer			
Processed 09/21/2018	* Electronically provided signatures are accepted as original signatures.					