

No. W 109425		Due no later than Dec 31, 2015		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. SNAKE RIVER MEDICAL CONSULTING, L.L.C. RALPH EDWARD WEST PO BOX 872 BLACKFOOT ID 83221-5806		RALPH WEST 24 W 100 N BLACKFOOT ID 83221			
				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	KARLA DEON WEST	24 W 100 N	BLACKFOOT	ID	USA	83221-5806	
5. Organized Under the Laws of: ID W 109425		6. Annual Report must be signed.* Signature: Ralph West Name (type or print): Ralph West Date: 12/07/2015 Title: Registered Agent					
Processed 12/07/2015		* Electronically provided signatures are accepted as original signatures.					