

No. W 28863		Due no later than Feb 28, 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		Annual Report Form 1. Mailing Address: Correct in this box if needed. GIBBON JACOBSEN, LLC KRIS K GIBBON 185 W. 4TH AVE STE B POST FALLS ID 83854 USA		LAWRENCE K GIBBON MD 185 W. 4TH AVE STE B POST FALLS 83854	
				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
MANAGER	LAWRENCE K GIBBON MD	185 W. 4TH AVE STE B	POST FALLS	ID	83854
MANAGER	CHER K JACOBSEN MD	185 W. 4TH AVE STE B	POST FALLS	ID	83854
5. Organized Under the Laws of: ID W 28863		6. Annual Report must be signed.* Signature: Kris Gibbon Name (type or print): Kris Gibbon Date: 12/15/2014 Title: office manager			
Processed 12/15/2014		* Electronically provided signatures are accepted as original signatures.			