No. **W 123687**	**Due no later than Mar 31, 2018** **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.** KOVAC FOOT SURGERY CENTER, PLLC KYLIN KOVAC 1540 ELK CREEK IDAHO FALLS ID 83404	ERIC L OLSEN 201 E CENTER ST POCATELLO ID 83201 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
MEMBER	KYLIN KOVAC	1540 ELK CREEK DRIVE	IDAHO FALLS	ID	USA	83404

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 123687**	Signature: Kylin Kovac Name (type or print): Kylin Kovac	Date: 02/16/2018 Title: Owner/DPM

Processed 02/16/2018

* Electronically provided signatures are accepted as original signatures.