

No. <b>W 10188</b>		<b>Due no later than Nov 30, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  JAXWORX, L.L.C. JACK T RIGGS MD 801 S 11TH COEUR D'ALENE ID 83814		JACK T RIGGS MD 801 S 11TH COEUR D'ALENE ID 83814			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	JACK T RIGGS MD	801 S 11TH		COEUR D'ALENE	ID	83814	
5. Organized Under the Laws of:  <b>ID</b> <b>W 10188</b>		6. Annual Report must be signed.*  Signature: Jack T. Riggs MD Name (type or print): Jack T. Riggs MD  Date: 09/29/2015 Title: Manager					
Processed 09/29/2015      * Electronically provided signatures are accepted as original signatures.							