No. <b>W 25749</b>		Due no later than Sep 30, 2015		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		TAMARA S	TAMARA SIMON			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  ROCKY MOUNTAIN GYN AND HORMONE CENTER, PLLC TAMARA SIMON PO BOX 757 EAGLE ID 83616		EAGLE ID	951 E PLAZA DR STE 170 EAGLE ID 83616  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA	03010	01 <u>e</u> 1.eg.ss	in the second of			
4. Limited Liability Compa	anies: Enter Na	mes and Addres	ses of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	1EMBER TAMARA SIMON		PO BOX 757	EAGLE	ID		83616	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Angela Lenz			Date: 09/28/2015			
W 25749		Name (type or print): Angela Lenz			Title: Bookkeeper			
Processed 09/28/2015 * Electronically provided signatures are accepted as original signatures.								