

No. W 55046		Due no later than Oct 31, 2017		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		D JEFFERY DANIELS 98 POPLAR ST BLACKFOOT ID 83221			
		1. Mailing Address: Correct in this box if needed. DOCTORS AND HOSPITAL HEALTH SYSTEM OF IDAHO, LLC JAKE ERICKSON 98 POPLAR ST 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	
MANAGER	JAKE ERICKSON	BMH, INC. 98 POPLAR	BLACKFOOT	ID	USA	83221	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 55046		Signature: D. Jeffery Daniels				Date: 09/29/2017	
		Name (type or print): D. Jeffery Daniels				Title: CEO	
Processed 09/29/2017		* Electronically provided signatures are accepted as original signatures.					