

No. W 187205	Due no later than Aug 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.		W TRACEY JONES III MD 3180 WOODRIDGE DR TWIN FALLS ID 83301-8330			
	SOUTHERN IDAHO VASCULAR ASSOCIATES, PLLC PO BOX 2775 TWIN FALLS ID 83303-2775 USA		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
MEMBER	DAVID A JOHNSON MD PA	PO BOX 2775	TWIN FALLS	ID	USA	83303-2775
MEMBER	W TRACEY JONES III MD PLLC	PO BOX 2775	TWIN FALLS	ID	USA	83303-2775
5. Organized Under the Laws of: ID W 187205	6. Annual Report must be signed.* Signature: W Tracey Jones III MD Name (type or print): W Tracey Jones III MD		Date: 06/20/2018 Title: member			
Processed 06/20/2018		* Electronically provided signatures are accepted as original signatures.				