

No. W 105954	Due no later than Aug 31, 2016 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. BOWMAN MEDICAL SERVICES, PLLC ADAM BOWMAN 1841 GALENA TWIN FALLS ID 83301	ADAM BOWMAN 1841 GALENA TWIN FALLS ID 83301				
		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	ADAM BOWMAN	1841 GALENA DRIVE	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of: ID W 105954	6. Annual Report must be signed.* Signature: Adam Bowman Name (type or print): Adam Bowman		Date: 07/13/2016 Title: Manager			
Processed 07/13/2016		* Electronically provided signatures are accepted as original signatures.				