

No. W 26512	Due no later than Oct 31, 2015 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.		JONATHAN KRAMER 1736 S MILLENNIUM WAY MERIDIAN ID 83642			
	JONATHAN KRAMER, M.D., PLLC JONATHAN KRAMER, MD 1736 S MILLENNIUM WAY MERIDIAN ID 83642 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	JONATHAN KRAMER	1736 S MILLENNIUM WAY	MERIDIAN	ID	USA	83642
5. Organized Under the Laws of: ID W 26512	6. Annual Report must be signed.* Signature: Patricia Kramer Name (type or print): Patricia Kramer		Date: 09/15/2015 Title: Administrator			
Processed 09/15/2015		* Electronically provided signatures are accepted as original signatures.				