

No. <b>W 102965</b>		<b>Due no later than Apr 30, 2017</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  MOBILEYES HEALTH CARE PLLC LANDON HAGBERG 17415 SOLOMON DR. NAMPA ID 83687		LANDAN HAGBERG 17415 SOLOMON DR NAMPA ID 83687			
				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	LANDON KNIGHT HAGBERG	17415 SOLOMON DR.	NAMPA	ID	USA	83687	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 102965</b>		Signature: Landon Hagberg				Date: 05/15/2017	
		Name (type or print): Landon Hagberg				Title: Owner	
Processed 05/15/2017		* Electronically provided signatures are accepted as original signatures.					