No. <b>W 132291</b>		Due no later than Jan 31, 2018		2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  SURGICAL ARTS PLLC ELLA M DEUTCHMAN 34 PEPPER LN SALMON ID 83467		ELLA M DEUTCHMAN				
					34 PEPPER LN SALMON ID 83467-8346  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		SALITON ID 03 TO						
4. Limited Liability Compa	anies: Enter Na	mes and Addresses of a	at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER ADAM DEUTCHMAN		CHMAN	34 PEPPER LANE		SALMON	ID	USA	83467
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Adam Deutchman			Date: 01/05/2018			
W 132291		Name (type or print): Adam Deutchman			Title: Manager			
Processed 01/05/2018 * Electronically provided signatures are accepted as original signatures.								