

No. W 103022		Due no later than May 31, 2013		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. WOODLANDS FAMILY MEDICINE PLLC KATIE R FISHER 30544 HWY 200 W STE 101 PONDERAY ID 83852 USA		JOAN M BLOOM 30544 HWY 200 W STE 101 PONDERAY ID 83852	
				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	KATIE R FISHER	30544 HWY 200, STE 101	PONDERAY	ID	USA 83852
5. Organized Under the Laws of:		6. Annual Report must be signed.*			
ID W 103022		Signature: Katie Fisher		Date: 06/11/2013	
		Name (type or print): Katie Fisher		Title: Practice Manager	
Processed 06/11/2013		* Electronically provided signatures are accepted as original signatures.			