

No. W 103022		Due no later than May 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 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. WOODLANDS FAMILY MEDICINE PLLC JOSH HOEHN 30544 HWY 200 W STE 101 PONDERAY ID 83852		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	
MANAGER	JOSH HOEHN	30544 HWY 200, STE 101	PONDERAY	ID	USA	83852	
5. Organized Under the Laws of: ID W 103022		6. Annual Report must be signed.* Signature: Josh Hoehn Name (type or print): Josh Hoehn Date: 03/27/2018 Title: Practice Administrator					
Processed 03/27/2018		* Electronically provided signatures are accepted as original signatures.					