No. W 106889	Due no later than Sep 30, 2012	2. Registered A	. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		DEBORAH F HOLLINGSWORTH			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. GEM FAMILY MEDICINE LLC DEBORAH F HOLLINGSWORTH PO BOX 1015 EMMETT ID 83617	MEDICINE LLC HOLLINGSWORTH				
NO FILING FEE IF RECEIVED BY DUE DATE	USA					
4. Limited Liability Companies: Enter N	ames and Addresses of at least one Member or Manager.					
Office Held Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER DEBORAH	F HOLLINGSWORTH PO BOX 1015	EMMETT	ID	USA	83617	
5. Organized Under the Laws of:	6. Annual Report must be signed.*					
ID	Signature: Deborah Hollingsworth		Date: 07/16/2012			
W 106889	Name (type or print): Deborah Hollingsworth		Title: Partner			
Processed 07/16/2012	* Electronically provided signatures are accepted as original si	gnatures.				