No. W 66316 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Due no later than Aug 31, 2015 Annual Report Form 1. Mailing Address: Correct in this box if needed. BMH PHYSICIANS CLINIC, LLC D JEFFREY DANIELS 98 POPLAR ST BLACKFOOT ID 83221		2	2. Registered Agent and Address (NO PO BOX)			
					D JEFFREY DANIELS 98 POPLAR ST BLACKFOOT ID 83221 3. New Registered Agent Signature:*			
4. Limited Liability Com	npanies: Enter Na	mes and Addresses of at	least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER	D JEFFREY LLC	DANIELS BINGHAM LAND,	98 POPLAR ST		BLACKFOOT	ID		83221
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: D JEFFREY DANIELS Date: 07/07/20				07/07/2015		
W 66316		Name (type or print): D JEFFREY DANIELS			Title: MANAGER			
Processed 07/07/2015		* Electronically provided signatures are accepted as original signatures.						