

No. <b>J 369</b>		<b>Due no later than May 31, 2015</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		DONALD R CHISHOLM MD 920 IRONWOOD DR COEUR D'ALENE ID 83814			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		920 IRONWOOD, LLP DONALD R CHISHOLM MD 920 IRONWOOD DR COEUR D ALENE ID 83814					
4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PARTNER	DONALD R CHISHOLM MD	920 IRONWOOD DR	COEUR D'ALENE	ID	USA	83814	
PARTNER	DAVID L CHAMBERS MD	920 IRONWOOD DR	COEUR D'ALENE	ID	USA	83814	
PARTNER	TIMOTHY L BURNS MD	920 IRONWOOD DR	COEUR D'ALENE	ID	USA	83814	
PARTNER	DUANE A DAUGHARTY MD	920 IRONWOOD DR DECEASED, BUT PROBATE NOT FILE	COEUR D'ALENE	ID	USA	83814	
PARTNER	BARBARA A DAUGHARTY MD	920 IRONWOOD DR	COEUR D'ALENE	ID	USA	83814	
5. Organized Under the Laws of:  <b>ID J 369</b>		6. Annual Report must be signed.* Signature: Donald Chisholm Name (type or print): Donald Chisholm		Date: 05/14/2015 Title: Partner			
Processed 05/14/2015		* Electronically provided signatures are accepted as original signatures.					