No. <b>W 55816</b>		Due no later than Oct 31, 2015		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			PAUL V RYAN			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  INITIAL POINT FAMILY MEDICINE, PLLC MARK S GRAJCAR DO 2640 SOUTH EAGLE ROAD MERIDIAN ID 83642		MERIDIAN	2640 S EAGLE RD MERIDIAN ID 83642  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Compa	anies: Enter Na	mes and Address	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	MEMBER MARK S GRAJCA		3701 MOUNTAIN VIEW DR	BOISE	ID	USA	83704	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: M	ark S. Grajcar		Date: 09/23/2015			
W 55816		Name (type o	or print): Mark S. Grajcar		Title: Member			
Processed 09/23/2015 * Electronically provided signatures are accepted as original signatures.								