

No. W 41974		Due no later than Aug 31, 2009 Annual Report Form		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. PRIEST RIVER FAMILY MEDICINE AND URGENT CARE, L.L.C. MELISSA WILSON PO BOX 1500 PRIEST RIVER ID 83856		MELISSA WILSON 900 BEARDMORE PRIEST RIVER ID 83856			
				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	MELISSA WILSON	900 BEARDMORE	PRIEST RIVER	ID	USA	83856	
5. Organized Under the Laws of: ID W 41974		6. Annual Report must be signed.* Signature: Melissa Wilson Name (type or print): Melissa Wilson Date: 06/11/2009 Title: President					
Processed 06/11/2009		* Electronically provided signatures are accepted as original signatures.					