

No. W 8847		Due no later than May 31, 2018		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. TRINITY MOUNTAIN FAMILY PRACTICE PHYSICIANS, PLLC TIMOTHY L BRININGER MD 562 E MIKES PLACE BOISE ID 83716		TIMOTHY L BRININGER, M.D. 562 E MIKES PLACE BOISE ID 83716		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	
MEMBER	TIMOTHY L BRININGER M.D.	890 N 6TH E	MOUNTAIN HOME	ID		83647	
MEMBER	KARL H OLSON M.D.	890 N 6TH E	MOUNTAIN HOME	ID		83647	
MEMBER	DENNIS DAN CROSSLEY	890 N 6TH EAST	MOUNTAIN HOME	ID	USA	83647	
5. Organized Under the Laws of: ID W 8847		6. Annual Report must be signed.* Signature: timothy brininger Name (type or print): timothy brininger Date: 04/23/2018 Title: member					
Processed 04/23/2018		* Electronically provided signatures are accepted as original signatures.					