No. <b>W 100685</b>		Due no later than Feb 28, 2017 Annual Report Form  1. Mailing Address: Correct in this box if needed.  MINI CASSIA PHYSICIANS SERVICES LLC JENNIFER CAMPBELL 13 WEST 218 SOUTH BURLEY ID 83318		2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	MINI CASSI JENNIFER (			LANNY CAMPBELL 13 WEST 218 SOUTH BURLEY ID 83318			
NO FILING FEE IF RECEIVED BY DUE DATE	BURLEY ID			3. New Registered Agent Signature:*			
200 20 1	r Names and Addres	sses of at least one Member or Manager.  Street or PO Address	Cib.	Ctata	Country	Postal Code	
MANAGER LANNY	F CAMPBELL R CAMPBELL	13 WEST 218 SOUTH 13 WEST 218 SOUTH	City BURLEY BURLEY	State ID ID	Country USA USA	83318 83318	
5. Organized Under the Laws of: 6. Annual Re		ort must be signed.*					
ID	Signature:	Jennifer Campbell		Date: 03/16/2017			
W 100685	Name (type	Name (type or print): Jennifer Campbell		Title: Secretary			
Processed 03/16/2017	* Electronically	* Electronically provided signatures are accepted as original signatures.					