

No. C 85422	Due no later than Dec 31, 2013 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. FAMILY MEDICINE COEUR D'ALENE, P.A. ROBERT ROBERT MCFARLAND, M.D. 700 IRONWOOD DRIVE SUITE 101 COEUR D'ALENE ID 83814		ROBERT M. MCFARLAND, M.D. 700 IRONWOOD DRIVE COEUR D'ALENE ID 83814				
			3. <u>New</u> Registered Agent Signature:*				
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	RICHARD MCLANDRESS	700 IRONWOOD DRIVE SUITE101	COEUR D'ALENE	ID	USA	83814	
SECRETARY	NEIL L NEMEC	700 IRONWOOD DRIVE SUITE 101	COEUR D'ALENE	ID	USA	83814	
PRESIDENT	ROBERT MCFARLAND	700 IRONWOOD DRIVE SUITE 101	COEUR D'ALENE	ID	USA	83814	
DIRECTOR	BRITTANY BURNS	700 IRONWOOD DRIVE SUITE 101	COEUR D'ALENE	ID	USA	83814	
5. Organized Under the Laws of: ID C 85422		6. Annual Report must be signed.* Signature: Terri Ahlf Name (type or print): Terri Ahlf Date: 10/18/2013 Title: Manager					
Processed 10/18/2013		* Electronically provided signatures are accepted as original signatures.					