

No. W 43372	Due no later than Oct 31, 2015 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.		SCOTT R BRESSLER MD 303 E LOGAN CALDWELL ID 83605			
	TOTAL CARE MEDICAL CLINIC, PLLC SCOTT R BRESSLER MD 303 E LOGAN CALDWELL ID 83605		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	SCOTT R BRESSLER MD	19246 EVENING DRIVE	CALDWELL	ID		83607
5. Organized Under the Laws of: ID W 43372		6. Annual Report must be signed.* Signature: Scott Bressler Name (type or print): Scott Bressler Date: 11/16/2015 Title: Member				
Processed 11/16/2015		* Electronically provided signatures are accepted as original signatures.				