No. <b>C 162130</b>	Du	Due no later than Aug 31, 2016		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		SALLY CARROLL 14475 TWETE RD ATHOL ID 83801			
SECRETARY OF STATE	1. Mailing A	1. Mailing Address: Correct in this box if needed.  WOLF CREEK PRACTICE MANAGEMENT, INC.  SANDY SCHRACK  7134 W BOEKEL ROAD  RATHDRUM ID 83858					
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	SANDY SCHR						
	RATHDRUM 1			3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names and	Business Addresses of	President, Secretary, and Directors. Trea	asurer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
	D G CARROLL	14475 TWETE RD	ATHOL	ID	USA	83801	
PRESIDENT RUSSE	LL'E M CARROLL	14475 TWETE RD	ATHOL	ID	USA	83801	
5. Organized Under the Laws of: 6. Annua		t must be signed.*					
ID	Signature: Sa	Signature: Sandy Schrack		Date: 06/22/2016			
C 162130	Name (type o	Name (type or print): Sandy Schrack		Title: Accounting			
Processed 06/22/2016	* Electronically p	* Electronically provided signatures are accepted as original signatures.					