No. C 55196		Due no later than Mar 31, 2016 Annual Report Form 1. Mailing Address: Correct in this box if needed. SANDPOINT FAMILY MEDICINE, P.A. JEANETTE L JONES 302 SOUTH FIRST AVENUE SANDPOINT ID 83864		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				302 SOUTH F SANDPOINT	JEANETTE JONES 302 SOUTH FIRST AVENUE SANDPOINT ID 83864 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine				asurer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	MARK A HE	ERNANDEZ	302 S FIRST AVE	SANDPOINT	ID	USA	83864	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 55196		Signature: M		Date: 05/03/2016				
		Name (type o		Title: President				
Processed 05/03/2016		* Electronically provided signatures are accepted as original signatures.						