

No. W 149058	Due no later than Mar 31, 2016 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. MAIN FAMILY MEDICAL LLC DAVID GEE 4306 CATALPA DR. BOISE ID 83703 USA		DAVID GEE 4306 CATALPA DR. BOISE ID 83703			
			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
MANAGER	DAVID L GEE	4306 CATALPA DR.	BOISE	ID	USA	83703
5. Organized Under the Laws of: ID W 149058	6. Annual Report must be signed.* Signature: David L. Gee Name (type or print): David L. Gee		Date: 02/23/2016 Title: Manager			
Processed 02/23/2016		* Electronically provided signatures are accepted as original signatures.				