

No. <b>W 4837</b>		<b>Due no later than Oct 31, 2014</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> SE IDAHO FAMILY PRACTICE, LLC 2775 CHANNING WAY IDAHO FALLS ID 83404		KAY L CHRISTENSEN 2775 CHANNING WAY IDAHO FALLS ID 83404			
				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	KAY L CHRISTENSEN	345 HOMESTEAD LANE	IDAHO FALLS	ID	USA	83404	
MEMBER	DANIEL W MCLAUGHLIN	4764 MAGESTIC VIEW DR	IDAHO FALLS	ID	USA	83406	
MEMBER	BARRY F BENNETT	2943 BALBOA	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of:  <b>ID W 4837</b>		6. Annual Report must be signed.* Signature: Barry Bennett Name (type or print): Barry Bennett Date: 08/21/2014 Title: Member					
Processed 08/21/2014		* Electronically provided signatures are accepted as original signatures.					