

No. W 524		Due no later than Sep 30, 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. MOUNTAIN VIEW PHYSICIANS, L.L.C. RUSSELL KOCEMBA 3301 N SAWGRASS WAY BOISE ID 83704		ERIC MAIER 3301 N SAWGRASS WAY BOISE ID 83704	
				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	MICHAEL K MAIER MD	6613 USTICK RD	BOISE	ID	83704
MEMBER	ERIC L MAIER MD	6613 USTICK RD	BOISE	ID	83704
MEMBER	MARK C JOHNSON MD	6613 USTICK RD	BOISE	ID	83704
MEMBER	RUSSELL M KOCEMBA	3301 N SAWGRASS WAY	BOISE	ID	USA 83704
MEMBER	GERTJAN MULDER	3301 N SAWGRASS WAY	BOISE	ID	USA 83704
5. Organized Under the Laws of: ID W 524		6. Annual Report must be signed.* Signature: Russell Kocemba Name (type or print): Russell Kocemba Date: 08/06/2015 Title: Physician			
Processed 08/06/2015		* Electronically provided signatures are accepted as original signatures.			