

No. W 4837		Due no later than Oct 31, 2017 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		1. Mailing Address: Correct in this box if needed. SE IDAHO FAMILY PRACTICE, LLC 2775 CHANNING WAY IDAHO FALLS ID 83404		KAY L CHRISTENSEN 2775 CHANNING WAY IDAHO FALLS ID 83404			
NO FILING FEE IF RECEIVED BY DUE DATE				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: ID W 4837		6. Annual Report must be signed.* Signature: BARRY BENNETT Name (type or print): BARRY BENNETT					
		Date: 09/21/2017 Title: MEMBER					
Processed 09/21/2017 * Electronically provided signatures are accepted as original signatures.							