

No. <b>W 10958</b>		<b>Due no later than Jan 31, 2017</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>		DR TERRY LITTLE 4750 N FIVE MILE RD BOISE ID 83713	
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*	
		PHYSICIANS CLINIC, PLLC DR TERRY M LITTLE 4750 N FIVE MILE RD BOISE ID 83713			
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	DR TERRY LITTLE	4750 N FIVE MILE RD	BOISE	ID	83713
5. Organized Under the Laws of:		6. Annual Report must be signed.*			
<b>ID W 10958</b>		Signature: Terry M. Little		Date: 12/02/2016	
		Name (type or print): Terry M. Little		Title: Owner	
Processed 12/02/2016		* Electronically provided signatures are accepted as original signatures.			