

No. W 103022		Due no later than May 31, 2014		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. WOODLANDS FAMILY MEDICINE PLLC KATIE R FISHER 30544 HWY 200 W STE 101 PONDERAY ID 83852 USA		JOAN M BLOOM 30544 HWY 200 W STE 101 PONDERAY ID 83852	
				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	KATIE R FISHER	30544 HWY 200, STE 101	PONDERAY	ID	USA 83852
5. Organized Under the Laws of: ID W 103022		6. Annual Report must be signed.* Signature: Katie Fisher Name (type or print): Katie Fisher Date: 03/28/2014 Title: Manager			
Processed 03/28/2014		* Electronically provided signatures are accepted as original signatures.			