

No. W 103022		Due no later than May 31, 2014 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. 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			
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 MANAGER	Name KATIE R FISHER	Street or PO Address 30544 HWY 200, STE 101		City PONDERAY	State ID	Country USA	Postal Code 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.							