

No. W 127704		Due no later than Jul 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. PHYSICIANS GROUP MANAGEMENT, PLLC GARY SOUCIE 85 W 130 N BLACKFOOT ID 83221		GARY SOUCIE 85 W 130 N BLACKFOOT ID 83221			
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 GARY W SOUCIE	Street or PO Address 85 W 130 N		City BLACKFOOT	State ID	Country USA	Postal Code 83221
5. Organized Under the Laws of: ID W 127704		6. Annual Report must be signed.* Signature: Gary W Soucie Name (type or print): Gary W Soucie Date: 06/15/2017 Title: President					
Processed 06/15/2017 * Electronically provided signatures are accepted as original signatures.							