

No. W 19690		Due no later than Jun 30, 2015		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. PIONEER FAMILY MEDICINE, PLLC AARON MOORHOUSE 13150 W PERSIMMON LANE BOISE ID 83713		AARON MOORHOUSE 13150 W PERSIMMON LN BOISE ID 83713	
				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	AARON MOORHOUSE	5548 W. CHOPIN AVENUE	MERIDIAN	ID	83646
MANAGER	JASON LUDWIG	5548 N. CHOPIN AVENUE	MERIDIAN	ID	83646
5. Organized Under the Laws of: ID W 19690		6. Annual Report must be signed.* Signature: Aaron Moorhouse Name (type or print): Aaron Moorhouse Date: 04/21/2015 Title: Officer			
Processed 04/21/2015		* Electronically provided signatures are accepted as original signatures.			