

No. W 8847		Due no later than May 31, 2016		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		TIMOTHY L BRININGER, M.D. 562 E MIKES PLACE BOISE ID 83716	
		1. Mailing Address: Correct in this box if needed. TRINITY MOUNTAIN FAMILY PRACTICE PHYSICIANS, PLLC TIMOTHY L BRININGER MD 562 E MIKES PLACE BOISE ID 83716		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
MEMBER	TIMOTHY L BRININGER M.D.	890 N 6TH E	MOUNTAIN HOME	ID	83647
MEMBER	KARL H OLSON M.D.	890 N 6TH E	MOUNTAIN HOME	ID	83647
5. Organized Under the Laws of:		6. Annual Report must be signed.*			
ID W 8847		Signature: Timothy Brininger		Date: 03/20/2016	
		Name (type or print): Timothy Brininger		Title: Member	
Processed 03/20/2016		* Electronically provided signatures are accepted as original signatures.			