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| No. W 6162 | | Due no later than May 31, 2016 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 NO FILING FEE IF RECEIVED BY DUE DATE | | 1. Mailing Address: Correct in this box if needed. NORTH IDAHO FAMILY PHYSICIANS LLC ADAM JONES 700 IRONWOOD DR 220E COEUR D ALENE ID 83814 | | NEIL NEMEC 700 IRONWOOD DR 220E COEUR D'ALENE ID 83814 | |
| | | | | 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 | NEIL NEMEC | 700 IRONWOOD DR | COEUR D'ALENE | ID | 83814 |
| 5. Organized Under the Laws of: ID W 6162 | | 6. Annual Report must be signed.* Signature: Adam Clark Jones Name (type or print): Adam Clark Jones Date: 03/23/2016 Title: Financial Officer | | | |
| Processed 03/23/2016 | | * Electronically provided signatures are accepted as original signatures. | | | |