

No. <b>W 89380</b>		<b>Due no later than Dec 31, 2013</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  HUFFINE FAMILY MEDICAL, P.L.L.C. CORY J HUFFINE 2314 W VERONA DRIVE MERIDIAN ID 83646 USA		JOHN R HAMMOND JR 101 S CAPITOL BLVD STE 500 BOISE ID 83701			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	CORY J HUFFINE	2134 W VERONA DRIVE	MERIDIAN	ID	USA	83646	
MEMBER	ESTHER HUFFINE	2134 W VERONA DRIVE	MERIDIAN	ID	USA	83646	
5. Organized Under the Laws of:  <b>ID</b> <b>W 89380</b>		6. Annual Report must be signed.*  Signature: Cory Huffine Name (type or print): Cory Huffine					
		Date: 02/23/2014 Title: Manager					
Processed 02/23/2014 * Electronically provided signatures are accepted as original signatures.							