No. **W 514**	**Due no later than Sep 30, 2013**	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.** SOUTHWAY INTERNISTS P.L.L.C. JUDY HARRIS 222 SOUTHWAY STE C LEWISTON ID 83501	JUDY HARRIS 222 SOUTHWAY STE C LEWISTON ID 83501-2703 3. New 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	PATRICIA A BRADY	222 SOUTHWAY	LEWISTON	ID	USA	83501
MEMBER	JANE F FORE	222 SOUTHWAY	LEWISTON	ID	USA	83501
MEMBER	BARBARA K DAVIS	222 SOUTHWAY	LEWISTON	ID	USA	83501

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 514**	Signature: Judy Harris	Date: 08/23/2013
	Name (type or print): Judy Harris	Title: Office Manager

Processed 08/23/2013

* Electronically provided signatures are accepted as original signatures.