No. **W 54058**	**Due no later than Sep 30, 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** **1. Mailing Address: Correct in this box if needed.** IDAHO PHYSICIANS CLINIC, LLC DIANA HORNBUCKLE 98 POPLAR ST BLACKFOOT ID 83221	D JEFFERY DANIELS 98 POPLAR ST BLACKFOOT ID 83221 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
MANAGER	BOARD OF TRUSTEES OF BINGHAM MEMORIAL HOSPITAL	98 POPLAR ST	BLACKFOOT	ID		83221

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 54058**	Signature: Diana Hornbuckle	Date: 10/21/2016
	Name (type or print): Diana Hornbuckle	Title: Controller

Processed 10/21/2016

* Electronically provided signatures are accepted as original signatures.