

<b>No.</b> W8847	<b>Annual Report Form</b> Due No Later Than November 30,	<b>2. Registered Agent and Office NOT A P.O. BOX</b>  TIMOTHY L BRININGER MD 890 N 6TH E MOUNTAIN HOME ID 83647
<b>Return to:</b> SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>	<b>1. Mailing Address - Please Correct if Not Correct</b>  TRINITY MOUNTAIN FAMILY PRACTICE PHYSICIANS, PLLC TIMOTHY L BRININGER MD Box 1324 890 N 6TH E MOUNTAIN HOME ID 83647	<b>3. Organized Under the Laws of:</b>  IDAHO

**4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors**  
**Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☒ Members (check one)**

Office held	Name	Street or P.O. Address	City	State	Zip
President/member	Timothy L Brininger MD	1795 N 4th E	MTN HOME	ID	83647
Secretary/member	KARL OLSON MD	895 N 6th E	MTN HOME	ID	83647

<b>5. New Registered Agent Signature</b>	<b>6.</b> Signature <u>Timothy L Brininger</u> Date <u>4 Jan 2000</u> Name (Typed or Printed) <u>TIMOTHY L BRININGER MD</u> Title <u>President/member</u>
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