

No. W 127143		Due no later than Jul 31, 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. SJRMC PHYSICIANS, LLC ATTN KIMBERLY SANFORD 415 6TH ST LEWISTON ID 83501		THOMAS SAFLEY 415 6TH ST LEWISTON ID 83501	
				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	JOAN AGEE	415 6TH STREET	LEWISTON	ID	USA 83501
5. Organized Under the Laws of: ID W 127143		6. Annual Report must be signed.* Signature: Kim Sanford Name (type or print): Kim Sanford Date: 07/29/2016 Title: Admin Assistant			
Processed 07/29/2016		* Electronically provided signatures are accepted as original signatures.			