

No. <b>W 127143</b>		<b>Due no later than Jul 31, 2016</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>  SJRMC PHYSICIANS, LLC ATTN KIMBERLY SANFORD 415 6TH ST LEWISTON ID 83501		THOMAS SAFLEY 415 6TH ST LEWISTON ID 83501			
<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 MANAGER	Name JOAN AGEE	Street or PO Address 415 6TH STREET		City LEWISTON	State ID	Country USA	Postal Code 83501
5. Organized Under the Laws of:  <b>ID</b> <b>W 127143</b>		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.							