

No. <b>W 4319</b>		<b>Due no later than Jul 31, 2018</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>  REXBURG FAMILY MEDICAL CENTER, P.L.L.C. MICHAEL PACKER 552 HARVEST DRIVE REXBURG ID 83440 USA		MICHAEL M PACKER M.D. 552 HARVEST DRIVE REXBURG ID 83440			
<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 MEMBER	Name MICHAEL M PACKER	Street or PO Address 552 HARVEST DRIVE		City REXBURG	State ID	Country	Postal Code 83440
5. Organized Under the Laws of:  <b>ID</b> <b>W 4319</b>		6. Annual Report must be signed.*  Signature: M Packer Name (type or print): M Packer  Date: 05/22/2018 Title: Owner					
Processed 05/22/2018      * Electronically provided signatures are accepted as original signatures.							