

No. C 85422	Due no later than Dec 31, 2015 Annual Report Form		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	1. Mailing Address: Correct in this box if needed. FAMILY MEDICINE COEUR D'ALENE, P.A. ROBERT ROBERT MCFARLAND, M.D. 1919 LICOLN WAY SUITE 315 COEUR D'ALENE ID 83814		ROBERT M. MCFARLAND, M.D. 1919 LINCOLN WAY SUITE 315 COEUR D'ALENE ID 83814				
			3. <u>New</u> Registered Agent Signature:*				
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	RICHARD MCLANDRESS	1919 LINCOLN WAY SUITE 315	COEUR D'ALENE	ID	USA	83814	
SECRETARY	NEIL L NEMEC	1919 LINCOLN WAY SUITE 315	COEUR D'ALENE	ID	USA	83814	
PRESIDENT	ROBERT MCFARLAND	1919 LINCOLN WAY SUITE 315	COEUR D'ALENE	ID	USA	83814	
DIRECTOR	BRITTANY BURNS	1919 LINCOLN WAY SUITE 315	COEUR D'ALENE	ID	USA	83814	
5. Organized Under the Laws of: ID C 85422	6. Annual Report must be signed.* Signature: Terri Ahlf Name (type or print): Terri Ahlf		Date: 10/29/2015 Title: Manager				
Processed 10/29/2015		* Electronically provided signatures are accepted as original signatures.					