No. W 34455		Due no later than Nov 30, 2014 Annual Report Form 1. Mailing Address: Correct in this box if needed. WOOD RIVER FAMILY MEDICINE, PLLC RICHARD F PARIS 113 BLACKFEET DRIVE HAILEY ID 83333-8521 USA		2. Registered	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				113 BLACKF HAILEY ID	RICHARD F PARIS MD 113 BLACKFEET DRIVE HAILEY ID 83333 3. New Registered Agent Signature:*			
4. Limited Liability Comp	oanies: Enter Nar	mes and Addre	sses of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	TRACEY L E		1450 AVIATION DRIVE	HAILEY	ID	USA	83333	
MANAGER	RICHARD PARIS		113 BLACKFEET DRIVE	HAILEY	ID	USA	83333	
MANAGER	KATHRYN WOODS		1450 AVIATION DRIVE	HAILEY	ID	USA	83333	
MANAGER	FRANK BATO	CHA	1450 AVIATION DRIVE	HAILEY	ID	USA	83333	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 34455		Signature: Richard Paris			Date: 09/17/2014			
		Name (type or print): Richard Paris		Title: Manager				
Processed 09/17/2014		* Electronically provided signatures are accepted as original signatures.						