No. **W 99311**	**Due no later than Jan 31, 2014** **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 MEDICAL CARE, PLLC JOHN L TORQUATO 265 W PRAIRIE SHOPPING CENTER HAYDEN ID 83835	JOHN L TORQUATO 265 W PRAIRIE SHOPPING CENTER HAYDEN ID 83835 3. New 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	RUTH E RODRIGUEZ	265 W. PRAIRIE SHOPPING CENTER	HAYDEN	ID	USA	83835

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 99311**	Signature: John L Torquato	Date: 11/26/2013
	Name (type or print): John L Torquato	Title: President

Processed 11/26/2013

* Electronically provided signatures are accepted as original signatures.