No. W 144566		Due no later than Nov 30, 2016	2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE	1. Mailir	Annual Report Form 1. Mailing Address: Correct in this box if needed. MADISON PHYSICIANS GROUP, PLLC 37 SOUTH SECOND EAST REXBURG ID 83440		ROBERT LOFGRAN 37 SOUTH SECOND EAST REXBURG ID 83440			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	37 SOUTH						
				3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Er	ter Names and Addr	esses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER ROBERT MEREDITH		37 SOUTH 2ND EAST	REXBURG	ID	USA	83440	
5. Organized Under the Laws of: 6. Ann		eport must be signed.*					
ID	Signature	Signature: Holly Miller		Date: 10/27/2016			
W 144566	Name (ty	Name (type or print): Holly Miller		Title: Accounting Manager			
Processed 10/27/2016	* Electronically provided signatures are accepted as original signatures.						