No. **W 97808**	**Due no later than Nov 30, 2013** **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.** FOOTHILLS FAMILY MEDICINE, PLLC DIANA R CRUMRINE 1416 W. WASHINGTON ST BOISE ID 83702 USA	DIANA R CRUMRINE 1416 W. WASHINGTON ST BOISE ID 83702 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	DIANA R CRUMRINE	1416 W. WASHINGTON ST	BOISE	ID	USA	83702

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 97808**	Signature: Diana R Crumrine	Date: 09/24/2013
	Name (type or print): Diana R Crumrine	Title: Owner

Processed 09/24/2013

* Electronically provided signatures are accepted as original signatures.