



06/18/2013 08:20 PM

001/003

No. W 7948		Reinstatement Annual Report Form ADMIN DISSOLVED 05/10/2013		2. Registered Agent and Office (NOT A P.O. BOX) SWAN L PETERSON - Troy Brumfield 2725 CHANNING WAY IDAHO FALLS ID 83404	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. COMMUNITY CARE REXBURG-LEASING, L.L.C. SWAN L PETERSON 2725 CHANNING WAY IDAHO FALLS ID 83404		3. New Registered Agent Signature. 	
REINSTATEMENT FEE DUE: \$30.00					
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.					
Manager or Member		Name	Street or PO Address	City	State Country Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>		APMC LLC	4584 S. 75 E	Idaho Falls	ID 83406
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>		Scott Packer	7584 S. 8th W.	Idaho Falls	ID 83402
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>		Jeff Strieglitz	P.O. Box 1546	Idaho Falls	ID 83404
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>		Rocky Kite Med.	601 Autumn Crt.	Rexburg	ID 83440
5. Organized Under the Laws of: IDAHO W 7948		6. Signature:  Name (type or print): Troy Brumfield		Date: 6/19/13 Title: Owner/Member	
Issued 06/18/2013 by LJC					

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. Note: To ensure future mailings, the corrected address must be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. Note: The office of the registered agent must be at a street address in Idaho, not a Post Office Box or Personal Mail Box.

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Check either Member or Manager. Enter names and business addresses of managers or members of the limited liability company. Note: **DO NOT** put "same as last year" or "same as above". These will not be accepted. Changes here will not affect the address in Block 2. If more space is needed please add an attachment.

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.

**** The image of this form will be available on the Internet once it has been filed. DO NOT enter Social Security numbers.**

If the limited liability company is no longer doing business in Idaho, you may file the appropriate form. Forms are available on the website at www.sos.idaho.gov. However, if no timely annual report is filed, administrative action will be taken, at no cost to the limited liability company to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

Member - Cont.

- 5) Member Eastern Idaho Healthcare 3580 S. 5500 W.
Rexburg, ID 83440
Madison County
- 6) Member Brumfield Medical 350 LaCesta Drive
Idaho Falls, ID 83401
Bonneville County
- 7) Member Rigby Family Medical 3902 E. 132 N.
Rigby, ID 83442
Jefferson County