

No. W 57905		Due no later than Jan 31, 2010		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. BONNERS FERRY FAMILY MEDICINE, PLLC TROY GEYMAN MD PO BOX 208 6488 CHINOOK ST BONNERS FERRY ID 83805 USA		TROY GEYMAN MD 6488 CHINOOK BONNERS FERRY ID 83805			
				3. <u>New</u> 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	TROY GEYMAN MD	5853 HIGHWAY 1	BONNERS FERRY	ID	USA	83805	
MANAGER	LIGEIA REINHARDT MD	116 NOBLE LANE	BONNERS FERRY	ID	USA	83805	
5. Organized Under the Laws of: ID W 57905		6. Annual Report must be signed.* Signature: Troy Geyman MD Name (type or print): Troy Geyman MD Date: 02/12/2010 Title: Manager					
Processed 02/12/2010		* Electronically provided signatures are accepted as original signatures.					

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