

No. W 29359		Due no later than Mar 31, 2016		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. COMMUNITY HEALTH CARE PHYSICIANS GROUP, PLLC VALERIE CARPENTER 619 S WASHINGTON ST STE 203 MOSCOW ID 83843		ROBERT SPADY 619 S WASHINGTON ST STE 203 MOSCOW ID 83843	
				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
MEMBER	ROBERT N SPADY	619 S WASHINGTON ST STE 203	MOSCOW	ID	83843
5. Organized Under the Laws of: WA W 29359		6. Annual Report must be signed.* Signature: Robert Spady Name (type or print): Robert Spady Date: 01/20/2016 Title: Manager			
Processed 01/20/2016		* Electronically provided signatures are accepted as original signatures.			