

No. W 148723		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		1. Mailing Address: Correct in this box if needed. DAVID L. FRANCIS, MD PLLC DAVID L. FRANCIS, MD PORTNEUF MEDICAL CENTER 777 HOSPITAL WAY POCATELLO ID 83201-5175 USA		DAVID L. FRANCIS, MD 2928 MICHELLE STREET POCATELLO ID 83201-8320			
				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	DAVID L. FRANCIS	PORTNEUF MEDICAL CENTER 777 HOSPITAL WAY	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of: ID W 148723		6. Annual Report must be signed.* Signature: David L. Francis, MD Name (type or print): David L. Francis, MD Date: 01/19/2016 Title: Owner					
Processed 01/19/2016		* Electronically provided signatures are accepted as original signatures.					