

| No. C 117548 | | Due no later than Dec 31, 2014 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. POST FALLS FAMILY MEDICINE, P.A. CONNIE A KNIGHT 1220 E POLSTON AVE POST FALLS ID 83854 USA | | CHRISTOPHER BILLINGSLEA 1220 E POLSTON AVE POST FALLS 83854 | | | |
| | | | | | | 3. <u>New</u> Registered Agent Signature:* | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional). | | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| TREASURER | ANTHONY D PETERS | 1220 E POLSTON AVE | POST FALLS | ID | USA | 83854 | |
| SECRETARY | MORGAN D FORD | 1220 E POLSTON AVE | POST FALLS | ID | USA | 83854 | |
| PRESIDENT | CHRISTOPHER M BILLINGSLEA | 1220 E POLSTON AVE | POST FALLS | ID | USA | 83854 | |
| VICE PRESIDENT | MICHAEL W MONOHAN | 1220 E POLSTON AVE | POST FALLS | ID | USA | 83854 | |
| 5. Organized Under the Laws of: ID C 117548 | | 6. Annual Report must be signed.* Signature: Connie A Knight Name (type or print): Connie A Knight | | | | | |
| | | Date: 12/19/2014 Title: Office Manager | | | | | |
| Processed 12/19/2014 | | * Electronically provided signatures are accepted as original signatures. | | | | | |