

No. <b>C 117548</b>		Due no later than Dec 31, 2014		2. Registered Agent and Address <b>(NO PO BOX)</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  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:  <b>ID C 117548</b>		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.				