No. W 6162

Return to:
SECRETARY OF STATE
450 N 4th STREET
PO BOX 83720
BOISE, ID 83720-0080

REINSTATEMENT
FEE DUE: $30.00

Reinstatement Annual Report Form
ADMIN DISSOLVED 08/10/2011

1. Mailing Address: Correct in this box if needed.

NORTH IDAHO FAMILY PHYSICIANS LLC
CATHLEEN M GRANGER
700 IRONWOOD DR STE 272 E
COEUR D ALENE ID 83814

2. Registered Agent and Office (NOT A P.O. BOX)
NEIL NEMEC
700 IRONWOOD DR STE 101
COEUR D'ALENE ID 83814

3. New Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member (circle one)	Name	Street or PO Address	City	State	Country	Postal Code
Manager Member	Neil Nemec	700 IRONWOOD #101	COA	ID	USA	83814

5. Organized Under the Laws of:

IDAHO
W 6162

6.

Signature: Cathleen M Granger Date: 8/15/11

Name (type or print): CATHLEEN GRANGER Title: Financial Officer

Issued 08/15/2011 by DK1