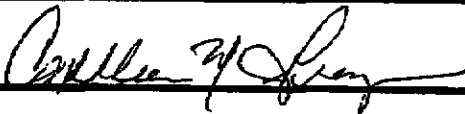


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No. W 6162	Reinstatement Annual Report Form ADMIN DISSOLVED 08/10/2011		2. Registered Agent and Office (NOT A P.O. BOX) NEIL NEMEC 700 IRONWOOD DR STE 101 COEUR D'ALENE ID 83814
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	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		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 Neil Nemece	Street or PO Address 700 IRONWOOD DR STE 204	City State Country Postal Code IDA ID USA 83814
5. Organized Under the Laws of:			
IDAHO W 6162	6. Signature:  Name (type or print): CATHLEEN GRANGER		Date: 8/15/11 Title: FINANCIAL OFFICER
Issued 08/15/2011 by DKL			