

No. W 57905		Due no later than Jan 31, 2012		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		Annual Report Form		TROY GEYMAN MD 6488 CHINOOK BONNERS FERRY ID 83805	
		1. Mailing Address: Correct in this box if needed. BONNERS FERRY FAMILY MEDICINE, PLLC TROY GEYMAN MD PO BOX 208 6488 CHINOOK ST BONNERS FERRY ID 83805 USA		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
MANAGER	TROY GEYMAN MD	5853 HWY 1	BONNERS FERRY	ID	USA 83805
5. Organized Under the Laws of:		6. Annual Report must be signed.*			
ID W 57905		Signature: Troy Geyman, MD		Date: 12/20/2011	
		Name (type or print): Troy Geyman, MD		Title: Manager	
Processed 12/20/2011		* Electronically provided signatures are accepted as original signatures.			