

No. <b>W 57905</b>		<b>Due no later than Jan 31, 2016</b>		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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  BONNERS FERRY FAMILY MEDICINE, PLLC TROY GEYMAN MD PO BOX 208 6488 CHINOOK ST BONNERS FERRY ID 83805-0208		TROY GEYMAN MD 6488 CHINOOK BONNERS FERRY ID 83805	
				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	83805
5. Organized Under the Laws of:  <b>ID W 57905</b>		6. Annual Report must be signed.* Signature: Troy Geyman MD Name (type or print): Troy Geyman MD Date: 11/17/2015 Title: Manager			
Processed 11/17/2015		* Electronically provided signatures are accepted as original signatures.			