

No. <b>W 34455</b>		<b>Due no later than Nov 30, 2013</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>  WOOD RIVER FAMILY MEDICINE, PLLC RICHARD F PARIS 113 BLACKFEET DRIVE HAILEY ID 83333-8521 USA		RICHARD F PARIS MD 113 BLACKFEET DRIVE HAILEY ID 83333			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	
MEMBER	TRACEY L BUSBY	706 S MAIN ST	HAILEY	ID	USA	83333	
MEMBER	RICHARD PARIS	706 S. MAIN STREET	HAILEY	ID	USA	83333	
MEMBER	KATHRYN WOODS	706 S. MAIN STREET	HAILEY	ID	USA	83333	
MEMBER	FRANK BATCHA	706 S. MAIN STREET	HAILEY	ID	USA	83333	
5. Organized Under the Laws of:  <b>ID</b> <b>W 34455</b>		6. Annual Report must be signed.*  Signature: Richard F Paris Name (type or print): Richard F Paris					
		Date: 10/03/2013 Title: Member					
Processed 10/03/2013 * Electronically provided signatures are accepted as original signatures.							