

No. <b>W 127243</b>		<b>Due no later than Jul 31, 2018</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>  FAMILY CARE CLINIC, LLC KELLIE HUMPHERYS 6933 W. EMERALD SUITE B BOISE ID 83704		KELLIE HUMPHERYS 6933 W. EMERALD SUITE B BOISE ID 83704			
				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	PAUL LITTLFIELD	6933 W EMERALD SUITE B	BOISE	ID	USA	83704	
5. Organized Under the Laws of:  <b>ID W 127243</b>		6. Annual Report must be signed.* Signature: Matt Scuri Name (type or print): Matt Scuri Date: 08/14/2018 Title: CEO					
Processed 08/14/2018		* Electronically provided signatures are accepted as original signatures.					