No. W 55816		Due no later than Oct 31, 2017		2. Regis	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		0.0000000000000000000000000000000000000	MARK S GRAJCAR DO 2640 S EAGLE RD MERIDIAN ID 83642			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. INITIAL POINT FAMILY MEDICINE, PLLC MARK S GRAJCAR DO 2640 SOUTH EAGLE ROAD MERIDIAN ID 83642						
				MERI				
				3. <u>New</u> I	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
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 MARK S GR		AJCAR	3701 MOUNTAIN VIEW DR	BOISE	ID		83704	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Mark S. Grajcar			Date: 09/26/2017			
W 55816		Name (type or print): Mark S. Grajcar			Title: Member			
Processed 09/26/2017 * Electronically provided signatures are accepted as original signatures.								