

No. W 29359		Due no later than Mar 31, 2013 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. COMMUNITY HEALTH CARE PHYSICIANS GROUP, PLLC VALERIE CARPENTER 619 S WASHINGTON ST STE 203 MOSCOW ID 83843 USA		ROBERT SPADY 619 S WASHINGTON ST STE 203 MOSCOW ID 83843			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name ROBERT N SPADY	Street or PO Address 619 S WASHINGTON ST STE 203		City MOSCOW	State ID	Country USA	Postal Code 83843
5. Organized Under the Laws of: WA W 29359		6. Annual Report must be signed.* Signature: Valerie Carpenter Name (type or print): Valerie Carpenter Date: 01/23/2013 Title: Bookkeeper					
Processed 01/23/2013 * Electronically provided signatures are accepted as original signatures.							