No. W 97808	Due no later than Nov 30, 2015	2. Registered Agent and Address (NO PO BOX)					
Return to:	Annual Report Form		DIANA R CRUMRINE 1416 W. WASHINGTON ST BOISE ID 83702				
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed. FOOTHILLS FAMILY MEDICINE, PLLC DIANA R CRUMRINE 1416 W. WASHINGTON ST BOISE ID 83702						
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080							
			3. <u>New</u> Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE	USA						
4. Limited Liability Companies: Enter Na	mes and Addresses of at least one Member or Manager.						
Office Held Name	Street or PO Address		City	State	Country	Postal Code	
MANAGER DIANA R CI	RUMRINE 4619 W. KENDALL ST		BOISE	ID	USA	83706	
5. Organized Under the Laws of:	6. Annual Report must be signed.*						
ID	Signature: Diana R. Crumrine			Date: 09/25/2015			
W 97808	Name (type or print): Diana R. Crumrine		Title: ND, Owner				
Processed 09/25/2015	* Electronically provided signatures are accepted as original signatures.						