

No. W 99311		Due no later than Jan 31, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. FAMILY MEDICAL CARE, PLLC JOHN L TORQUATO 265 W PRAIRIE SHOPPING CENTER HAYDEN ID 83835		JOHN L TORQUATO 265 W PRAIRIE SHOPPING CENTER HAYDEN ID 83835			
				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	RUTHIE RODRIQUEZ	265 W. PRAIRIE SHOPPING CENTER	HAYDEN	ID	USA	83835	
5. Organized Under the Laws of: ID W 99311		6. Annual Report must be signed.* Signature: Jeri Ann McConnel Name (type or print): Jeri Ann McConnel Date: 11/28/2016 Title: Credentialing					
Processed 11/28/2016		* Electronically provided signatures are accepted as original signatures.					