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|--|------------------------|---|---------------|---|---------|------------------|--|
| No. J 369 | | Due no later than May 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 | | 1. Mailing Address: Correct in this box if needed. 920 IRONWOOD, LLP DONALD R CHISHOLM MD 21 W COMMERCE DR UNIT E HAYDEN ID 83835 | | DONALD R CHISHOLM MD 920 IRONWOOD DR COEUR D'ALENE ID 83814 | | | |
| | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners. | | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| PARTNER | DONALD R CHISHOLM MD | 920 IRONWOOD DR | COEUR D'ALENE | ID | USA | 83814 | |
| PARTNER | DAVID L CHAMBERS MD | 920 IRONWOOD DR | COEUR D'ALENE | ID | USA | 83814 | |
| PARTNER | TIMOTHY L BURNS MD | 920 IRONWOOD DR | COEUR D'ALENE | ID | USA | 83814 | |
| PARTNER | BARBARA A DAUGHARTY MD | 920 IRONWOOD DR | COEUR D'ALENE | ID | USA | 83814 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID J 369 | | Signature: DONALD CHISHOLM | | | | Date: 05/18/2017 | |
| | | Name (type or print): DONALD CHISHOLM | | | | Title: PARTNER | |
| Processed 05/18/2017 | | * Electronically provided signatures are accepted as original signatures. | | | | | |