

No. W 6162	Due no later than May 31, 2010 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. NORTH IDAHO FAMILY PHYSICIANS LLC CATHLEEN M GRANGER 700 IRONWOOD DR STE 272 E COEUR D ALENE ID 83814		NEIL NEMEC 700 IRONWOOD DR STE 101 COEUR D'ALENE ID 83814			
			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	NEIL NEMEC	700 IRONWOOD DR	COEUR D'ALENE	ID	USA	83814
5. Organized Under the Laws of: ID W 6162	6. Annual Report must be signed.* Signature: Neil Nemec Name (type or print): Neil Nemec		Date: 06/17/2010 Title: Manager			
Processed 06/17/2010		* Electronically provided signatures are accepted as original signatures.				