

No. W 6162		Due no later than May 31, 2012 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. 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			
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 MANAGER	Name NEIL NEMEC	Street or PO Address 700 IRONWOOD DR		City COEUR D'ALENE	State ID	Country USA	Postal Code 83814
5. Organized Under the Laws of: ID W 6162		6. Annual Report must be signed.* Signature: Cathleen Granger Name (type or print): Cathleen Granger Date: 06/11/2012 Title: Financial Officer					
Processed 06/11/2012 * Electronically provided signatures are accepted as original signatures.							