

No. <b>W 6162</b>		Due no later than May 31, 2012		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b> <b>1. Mailing Address: Correct in this box if needed.</b> 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:		6. Annual Report must be signed.*			
<b>ID W 6162</b>		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.			