| No. W 148419 | | | | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|-----------------|---|------------------------------------|---|-------|---------|-------------|
| Return to: | | Annual Report Form | | DANNY FRASURE | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. | | 1009 W QUINN RD POCATELLO ID 83202 | | | |
| | | HERITAGE PHYSICIAN AND RESOURCE GROUP, LLC DANNY FRASURE 1009 W QUINN RD | | 3. New Registered Agent Signature:* | | | |
| | | POCATELLO ID 83202 | | 3. INEW Registered Agent Signature. | | | |
| RECEIVED BY DUE DATE | | | | | | | |
| 4. Limited Liability Compa | anies: Enter Na | mes and Addresses | of at least one Member or Manager. | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code |
| MANAGER DANNY D FF | | RASURE | 140 NORTH UNION AVE. SUITE F350 | FARMINGTON | UT | USA | 84025 |
| | | | | | | | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 148419 | | Signature: Danny Frasure | | Date: 02/13/2018 | | | |
| | | Name (type or | Title: President | | | | |
| Processed 02/13/2018 | | * Electronically provided signatures are accepted as original signatures. | | | | | |