

No. W 106203		Due no later than Aug 31, 2014		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. FAMILY HEALTH CARE OF POST FALLS, PLLC MICHAEL OGLESBAY DO 1110 E POLSTON AVE STE 1 POST FALLS ID 83854 USA		MICHAEL OGLESBAY DO 1110 E POLSTON AVE STE 1 POST FALLS ID 83854		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	EBRU OGLESBAY	1110 EAST POLSTON AVE STE 1	POST FALLS	ID	USA	83854	
5. Organized Under the Laws of: ID W 106203		6. Annual Report must be signed.* Signature: Eoglesbay Name (type or print): Eoglesbay Date: 08/28/2014 Title: Office Manager					
Processed 08/28/2014		* Electronically provided signatures are accepted as original signatures.					