No. **W 106203**	**Due no later than Aug 31, 2018** **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	MICHAEL OGLESBAY DO 1110 E POLSTON AVE STE 1 POST FALLS ID 83854 3. New 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
MEMBER	MICHAEL OGLESBAY	1110 EAST POLSTON AVE STE 1	POST FALLS	ID	USA	83854

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 106203**	Signature: Michael Oglesbay	Date: 07/21/2018
	Name (type or print): Michael Oglesbay	Title: Member

Processed 07/21/2018

* Electronically provided signatures are accepted as original signatures.