

No. <b>W 95316</b>		<b>Due no later than Aug 31, 2017</b> <b>Annual Report Form</b>		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>1. Mailing Address: Correct in this box if needed.</b>  BORRON FAMILY MEDICINE LLC BROOKNEY R STONE 790 W USTICK SUITE 110 MERIDIAN ID 83646		BROOKNEY R STONE 790 W USTICK RD STE 110 MERIDIAN ID 83646			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	BROOKNEY R BORRON	1082 E TUTTLE ST	MERIDIAN	ID	USA	83646	
5. Organized Under the Laws of:  <b>ID</b> <b>W 95316</b>		6. Annual Report must be signed.*  Signature: Brookney Stone Name (type or print): Brookney Stone					
		Date: 07/25/2017 Title: Owner, manager					
Processed 07/25/2017      * Electronically provided signatures are accepted as original signatures.							