

No. W 71226		Due no later than Feb 28, 2010 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		1. Mailing Address: Correct in this box if needed. APPLE FAMILY CARE PLLC SCOTT E COLBERT 980 W. IRONWOOD DR. #201 COEUR D'ALENE ID 83814		SCOTT COLBERT 10668 W LYNX TRAIL COEUR D'ALENE ID 83814			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name SCOTT COLBERT	Street or PO Address 10668 W LYNX TRAIL		City COEUR D'ALENE	State ID	Country USA	Postal Code 83814
5. Organized Under the Laws of: ID W 71226		6. Annual Report must be signed.* Signature: Scott Colbert Name (type or print): Scott Colbert Date: 03/11/2010 Title: Manager					
Processed 03/11/2010 * Electronically provided signatures are accepted as original signatures.							