

No. W 71226		Due no later than Feb 28, 2010		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		Annual Report Form 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	
				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	SCOTT COLBERT	10668 W LYNX TRAIL	COEUR D'ALENE	ID	USA 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.			