

No. W 4319		Due no later than Jul 31, 2016		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. REXBURG FAMILY MEDICAL CENTER, P.L.L.C. MICHAEL PACKER 37 SOUTH 2ND EAST SUITE 100 REXBURG ID 83440		MICHAEL M PACKER M.D. 37 SOUTH 2ND EAST SUITE 100 REXBURG ID 83440-8344		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	
MEMBER	MICHAEL M PACKER	552 HARVEST DRIVE	REXBURG	ID		83440	
5. Organized Under the Laws of: ID W 4319		6. Annual Report must be signed.* Signature: Michael Packer Name (type or print): Michael Packer		Date: 05/24/2016 Title: MD			
Processed 05/24/2016		* Electronically provided signatures are accepted as original signatures.					