

No. W 24535		Due no later than Jun 30, 2013 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. FAMILY FIRST MEDICAL CENTER PLLC GREGORY C CALDER 2105 CORONADO ST IDAHO FALLS ID 83404		GREGORY C CALDER 2105 CORONADO ST IDAHO FALLS ID 83404			
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	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	FLINT R PACKER DO	3614 WASHINGTON PKWY	IDAHO FALLS	ID	USA	83404	
MANAGER	BOYD K SOUTHWICK DO	3614 WASHINGTON PKWY	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of: ID W 24535		6. Annual Report must be signed.* Signature: Gregory C. Calder Name (type or print): Gregory C. Calder					
		Date: 05/30/2013 Title: Registered Agent					
Processed 05/30/2013 * Electronically provided signatures are accepted as original signatures.							