No. **W 148918**	**Due no later than Mar 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.** CLINIC MANAGEMENT, PLLC BRUCE KING 272 W HANLEY AVE COEUR D ALENE ID 83815	RAMSDEN & LYONS LLP 700 NORTHWEST BLVD COEUR D ALENE ID 83814 3. New 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	BRUCE KING	272 WEST HANLEY AVENUE	COEUR D' ALENE	ID	USA	83815

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 148918**	Signature: Bruce King	Date: 02/28/2016
	Name (type or print): Bruce King	Title: Member

Processed 02/28/2016

* Electronically provided signatures are accepted as original signatures.