

No. W 13684	Due no later than Dec 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. IDAHO MEDICINE ASSOCIATES, P.L.L.C. JOHN COLEMAN PO BOX 1293 TWIN FALLS ID 83301		LUCIE DIMAGGIO MD 2550 ADDISON AVE E STE E TWIN FALLS ID 83301			
			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	LISA BURGETT MDPC	1861 JULIE LN	TWIN FALLS	ID		83301
MEMBER	LUCIE DIMAGGIO MDPC	1196 HANKINS RD N	TWIN FALLS	ID		83301
MEMBER	VICTORIJA LAUCIUS DO	2550 ADDISON AVE E STE E	TWIN FALLS	ID		83301
MEMBER	JOHN BAKER MD	2550 ADDISON AVE E STE E	TWIN FALLS	ID		83301
MEMBER	MATTHEW DOPP MD	2550 ADDISON AVE E STE E	TWIN FALLS	ID	USA	83301
MEMBER	JARED HELMS DO	2550ADDISON AVE E STE E	TWIN FALLS	ID	USA	83301
MEMBER	DARYL FICKLIN DO	775 POLEINE RD W STE 312	TWIN FALLS	ID	USA	83301
MEMBER	BRIAN FORTUIN MD	775 POLELINE RD W STE 312	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of: ID W 13684		6. Annual Report must be signed.* Signature: John Coleman Name (type or print): John Coleman Date: 11/29/2016 Title: Agent				
Processed 11/29/2016		* Electronically provided signatures are accepted as original signatures.				