

No. W 2509		Due no later than Jun 30, 2017		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. SANDPOINT FAMILY HEALTH CENTER, PLLC SCOTT R DUNN MD 606 N THIRD AVE STE 101 SANDPOINT ID 83864-1594		SCOTT R DUNN, MD 606 N THIRD AVE SUITE 101 SANDPOINT ID 83864-1594	
				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	SCOTT R DUNN MD	606 N THIRD AVE STE 101	SANDPOINT	ID	83864-1594
MEMBER	DANIEL J MEULENBERG MD	606 N THIRD AVE STE 101	SANDPOINT	ID	83864-1594
MEMBER	JEREMY J WATERS MD	606 N THIRD AVE STE 101	SANDPOINT	ID	83864-1594
5. Organized Under the Laws of: ID W 2509		6. Annual Report must be signed.* Signature: MARI COWER Name (type or print): MARI COWER Date: 05/01/2017 Title: ADMINISTRATOR			
Processed 05/01/2017		* Electronically provided signatures are accepted as original signatures.			