

No. <b>W 2509</b>		<b>Due no later than Jun 30, 2013</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  FAMILY HEALTH CENTER OF SANDPOINT, P.L.L.C. SCOTT R DUNN MD 606 N THIRD AVE STE 101 SANDPOINT ID 83864		SCOTT R DUNN, MD 606 N THIRD AVE SUITE 101 SANDPOINT ID 83864			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	USA	83864
MEMBER	DANIEL J MEULENBERG MD	606 N THIRD AVE STE 101		SANDPOINT	ID	USA	83864
MEMBER	JEREMY J WATERS MD	606 N THIRD AVE STE 101		SANDPOINT	ID	USA	83864
5. Organized Under the Laws of:  <b>ID</b> <b>W 2509</b>		6. Annual Report must be signed.*  Signature: Mari Cower Name (type or print): Mari Cower					
		Date: 05/22/2013 Title: Administrator					
Processed 05/22/2013      * Electronically provided signatures are accepted as original signatures.							