No. <b>W 13909</b>		Due no later than Dec 31, 2014		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		RICHARD PARIS				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  HAILEY MEDICAL MANAGEMENT, L.L.C. RICHARD F PARIS MD  113 BLACKFEET DRIVE HAILEY ID 83333-8521		d.	113 BLACKFEET DRIVE HAILEY 83333-8521  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Compa	anies: Enter Nar	mes and Address	ses of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER MEMBER MEMBER MEMBER	RANDY CORIELL CARL BARBEE RICHARD PARIS KATHRYN WOODS		8563 BEECHWOOD DRIVE 5316 VALLEY VIEW LANE 113 BLACKFEET DR. 113 BLACKFEET DR.		ALTA LOMA KLAMATH FALLS HAILEY HAILEY	CA OR ID ID	USA USA USA USA	91701 97601 83333-8521 83333-8521
5. Organized Under the Laws of:		6. Annual Report must be signed.*				Data	10/26/2014	
ID W 13909		Signature: RICHARD F PARIS  Name (type or print): RICHARD F PARIS			Date: 10/26/2014 Title: MEMBER			
Processed 10/26/2014 * Electronically provided signatures are accepted as original signatures.								