

No. J 999	Due no later than May 31, 2018 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. HAILEY MEDICAL CLINIC LIMITED LIABILITY PARTNERSHIP RICHARD F PARIS 113 BLACKFEET DR HAILEY ID 83333		RICHARD F PARIS MD 113 BLACKFOOT DR HAILEY ID 83333			
			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PARTNER	RICHARD F PARIS MD	113 BLACKFEET DRIVE	HAILEY	ID	USA	83333-8521
PARTNER	KATHYRN A WOODS MD	113 BLACKFEET DRIVE	HAILEY	ID	USA	83333-8521
5. Organized Under the Laws of: ID J 999	6. Annual Report must be signed.* Signature: RICHARD PARIS Name (type or print): RICHARD PARIS		Date: 03/30/2018 Title: Partner			
Processed 03/30/2018		* Electronically provided signatures are accepted as original signatures.				