No. W 28557		Due no later than Feb 28, 2017		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			RICHARD T HARPER			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. UPPER VALLEY FAMILY MEDICINE, PLLC RICHARD T HARPER 711 RIGBY LAKE DR #115		#115 RIGBY ID	711 RIGBY LAKE DR #115 RIGBY ID 83442 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		RIGBY ID 83442						
4. Limited Liability Compa	anies: Enter Na	mes and Addresses o	f at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	RICHARD T	HARPER	3921 EAST 154 NORTH	RIGBY	ID		83442	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 28557		Signature: Darin Berrett		Da	Date: 02/02/2017			
		Name (type or print): Darin Berrett		Tit	Title: Office Manager			
Processed 02/02/2017 * Electronically provided signatures are accepted as original signatures.								