

No. W 106349	Due no later than Aug 31, 2015 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. HARVEY FAMILY HEALTH CARE PLLC NICHOLE HARVEY 1209 BROADWAY AVE BOISE ID 83706	NICHOLE HARVEY 3773 E. PECAN ST BOISE ID 83716	
		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	NICHOLE YVETTE HARVEY	1209 BROADWAY AVE	BOISE ID USA 83706
5. Organized Under the Laws of: ID W 106349	6. Annual Report must be signed.* Signature: Nichole Harvey Name (type or print): Nichole Harvey		Date: 06/25/2015 Title: Member
Processed 06/25/2015		* Electronically provided signatures are accepted as original signatures.	