

No. W 34455		Due no later than Nov 30, 2015		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		Annual Report Form		RICHARD F PARIS MD 113 BLACKFEET DRIVE HAILEY ID 83333			
		1. Mailing Address: Correct in this box if needed. WOOD RIVER FAMILY MEDICINE, PLLC RICHARD F PARIS 113 BLACKFEET DRIVE HAILEY ID 83333-8521 USA		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	
MANAGER	TRACEY L BUSBY	706 S MAIN ST	HAILEY	ID	USA	83333	
MANAGER	RICHARD L PARIS	706 S. MAIN STREET	HAILEY	ID	USA	83333	
MANAGER	KATHRYN L WOODS	706 S. MAIN STREET	HAILEY	ID	USA	83333	
MANAGER	FRANK L BATCHA	706 S. MAIN STREET	HAILEY	ID	USA	83333	
5. Organized Under the Laws of: ID W 34455		6. Annual Report must be signed.* Signature: RICHARD F PARIS Name (type or print): RICHARD F PARIS Date: 09/18/2015 Title: MANAGER					
Processed 09/18/2015		* Electronically provided signatures are accepted as original signatures.					