

No. W 31747		Due no later than Jul 31, 2014		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 1. Mailing Address: Correct in this box if needed. ADVANCED FAMILY MEDICINE, PLLC C/O S&S LEGAL DOCUMENTS LLC 104 E. FAIRVIEW AVE. #271 MERIDIAN ID 83642-1733		S&S LEGAL DOCUMENTS, LLC 3023 E COPPER POINT DR STE 106 MERIDIAN ID 83642 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	MIKE FOUTZ	1248 N FORTY NINER AVE	KUNA	ID	USA	83634	
MEMBER	KATHERINE ELSTUN P.A.	220 S. FIRWOOD	EAGLE	ID	USA	83616	
MEMBER	MIKE FOUTZ	1248 N. FORTYNINER AVE	KUNA	ID	USA	83634	
MEMBER	MOLLY B ARMJO, MD, PA	4014 MORNINGWIND AVE.	BOISE	ID	USA	83706	
5. Organized Under the Laws of: ID W 31747		6. Annual Report must be signed.* Signature: Mike Foutz Name (type or print): Mike Foutz Date: 09/02/2014 Title: Manager					
Processed 09/02/2014		* Electronically provided signatures are accepted as original signatures.					