No. <b>W 52028</b> Return to:		Due no later than Jun 30, 2016  Annual Report Form		2. Registered Agent and Address (NO PO BOX)  JEFFREY G HOPKIN MD				
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 PRACTICE, PLLC  JEFFREY G. HOPKIN  32 W 1ST S  REXBURG ID 83440		ed.	32 W 1ST S REXBURG ID 83440  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compani	ies: Enter Naı	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER	JEFFREY G	HOPKIN MD	32 W 1ST S		REXBURG	ID		83440
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 52028		Signature: Julie Walker		Date: 05/12/2016				
		Name (type or print): Julie Walker			Title: Accountant			
Processed 05/12/2016 * Electronically provided signatures are accepted as original signatures.								