

No. W 19690		Due no later than Jun 30, 2013		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. PIONEER FAMILY MEDICINE, PLLC AARON MOORHOUSE 13150 W PERSIMMON LANE BOISE ID 83713		AARON MOORHOUSE 13150 W PERSIMMON LN BOISE ID 83713			
				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	AARON MOORHOUSE	13150 W. PERSIMMON LANE	BOISE	ID	USA	83713	
MANAGER	JASON LUDWIG	13150 W. PERSIMMON LANE	BOISE	ID	USA	83713	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 19690		Signature: Aaron Moorhouse				Date: 04/23/2013	
		Name (type or print): Aaron Moorhouse				Title: Manager	
Processed 04/23/2013		* Electronically provided signatures are accepted as original signatures.					