

No. J 49		Due no later than Jan 31, 2017		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. BOISE MEDICAL CENTER, LLP EDDY MCLANE 425 W BANNOCK ST BOISE ID 83702		PHILIP D JENSEN MD 425 W BANNOCK ST BOISE ID 83702			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PARTNER	AKSHAY K GUPTA	425 W BANNOCK ST	BOISE	ID	USA	83702	
PARTNER	BRIAN T STORY	425 W BANNOCK ST	BOISE	ID	USA	83702	
PARTNER	PAUL H BAEHR	425 W BANNOCK ST	BOISE	ID	USA	83702	
PARTNER	JOHN T WITTE	425 W BANNOCK ST	BOISE	ID	USA	83702	
PARTNER	DAVID W WOOD	425 W BANNOCK ST	BOISE	ID	USA	83702	
PARTNER	BONNIE KIM WAITE	425 W BANNOCK ST	BOISE	ID	USA	83702	
PARTNER	PHILIP D JENSEN	425 W BANNOCK ST	BOISE	ID	USA	83702	
PARTNER	MATTHEW R SERICATI	425 W BANNOCK ST	BOISE	ID	USA	83702	
PARTNER	CHRISTOPHER W HAMMERLE	425 W BANNOCK ST	BOISE	ID	USA	83702	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID J 49		Signature: Philip Jensen				Date: 12/01/2016	
		Name (type or print): Philip Jensen				Title: Partner	
Processed 12/01/2016		* Electronically provided signatures are accepted as original signatures.					