No. **W 6162**	**Due no later than May 31, 2018** **Annual Report Form**	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.** NORTH IDAHO FAMILY PHYSICIANS LLC ADAM JONES 700 IRONWOOD DR 220E COEUR D ALENE ID 83814	NEIL NEMEC 700 IRONWOOD DR 220E COEUR D'ALENE ID 83814 3. New 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	NEIL NEMEC	700 IRONWOOD DR	COEUR D'ALENE	ID		83814

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 6162**	Signature: Adam Jones	Date: 03/20/2018
	Name (type or print): Adam Jones	Title: CFO

Processed 03/20/2018

* Electronically provided signatures are accepted as original signatures.