No. **W 112145**	**Due no later than Mar 31, 2016** **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.** COTTONWOOD FAMILY MEDICINE PLLC MARCI DEE PRICE-MILLER 100 COTTONWOOD CT STE 150 150 EAGLE ID 83616	KIRK MILLER MD 1417 N 19TH ST BOISE ID 83702 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	MARCI DEE PRICE-MILLER	100 COTTONWOOD COURT SUITE 150	EAGLE	ID	USA	83616

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 112145**	Signature: Marci Price-Miller	Date: 01/22/2016
	Name (type or print): Marci Price-Miller	Title: MD

Processed 01/22/2016

* Electronically provided signatures are accepted as original signatures.