

No. W 106889	Reinstatement Annual Report Form ADMIN DISSOLVED 12/16/2014		2. Registered Agent and Office (NOT A P.O. BOX) DEBORAH F HOLLINGSWORTH 3777 VAN DEUSEN RD EMMETT ID 83617
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. GEM FAMILY MEDICINE LLC DEBORAH F HOLLINGSWORTH 811 S. WASHINGTON AVENUE EMMETT ID 83617 USA		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member Name Street or PO Address City State Country Postal Code			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> <i>Deborah F Hollingsworth</i> <i>811 S Washington</i> <i>Emmett</i> <i>ID</i> <i>83617</i>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: large;"> IDAHO W 106889 </div>		6. Signature: <u><i>Deborah F Hollingsworth</i></u> Date: <u><i>1/5/15</i></u> Name (type or print): <u><i>Deborah F. Hollingsworth</i></u> Title: <u><i>owner</i></u>	
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