

No. W 31747		Due no later than Jul 31, 2013 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		1. Mailing Address: Correct in this box if needed. ADVANCED FAMILY MEDICINE, PLLC S&S LEGAL DOCUMENTS LLC 3006 E GOLDSTONE DR STE 101 MERIDIAN ID 83642		S&S LEGAL DOCUMENTS, LLC 3006 GOLDSTONE DR STE 101 MERIDIAN ID 83642 USA			
NO FILING FEE IF RECEIVED BY DUE DATE				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	MIKE FOUTZ	1248 N FORTY NINER AVE	KUNA	ID	USA	83634	
MEMBER	KATHERINE ELSTUN P.A.	220 S. FIRWOOD	EAGLE	ID	USA	83616	
MEMBER	MIKE FOUTZ	1248 N. FORTYNINER AVE	KUNA	ID	USA	83634	
MEMBER	MOLLY B ARMIJO, MD, PA	4014 MORNINGWIND AVE.	BOISE	ID	USA	83706	
5. Organized Under the Laws of: ID W 31747		6. Annual Report must be signed.* Signature: Mike Foutz Name (type or print): Mike Foutz					
		Date: 10/01/2013 Title: Manager					
Processed 10/01/2013 * Electronically provided signatures are accepted as original signatures.							