

Jul. 31. 2017-11:13AM

No. L 102

Secretary of State
Due no later than Jun 30, 2017
Annual Report Form

No. 4977 P. 2

Return to:

SECRETARY OF STATE
450 N 4th STREET
PO BOX 83720
BOISE, ID 83720-0080

NO FILING FEE IF
RECEIVED BY DUE
DATE

1. Mailing Address: Correct in this box if needed.

FAMILY MEDICAL ASSOCIATES LIMITED
PARTNERSHIP
C/O NELSON & TOWNSEND
485 E STREET
IDAHO FALLS ID 83402

2. Registered Agent and Office
(NOT A P.O. BOX)

ROGERS S. BRUNT
2340 VIRLOW DR
IDAHO FALLS ID 83401

3. New Registered Agent Signature.

4. Limited Partnerships: Enter Names and Business Addresses of general partners.

General Partners	Name	Street or PO Address	City	State	Country	Postal Code
	Family Emergency Center Prr	210 W 5 E STREET	IDAHO Falls	ID		83402

5. Organized Under the Laws of:

IDAHO
L 102

6.

Signature:

Date:

8/28/2017

Name (type or print):

P Jeffrey Thompson

Title:

Ltd Prr