

No. W 13909		Due no later than Dec 31, 2017 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. HAILEY MEDICAL MANAGEMENT, L.L.C. RICHARD F PARIS MD 113 BLACKFEET DRIVE HAILEY ID 83333-8521		RICHARD PARIS 113 BLACKFEET DRIVE HAILEY ID 83333-8521			
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	
MEMBER	RICHARD PARIS	113 BLACKFEET DR.	HAILEY	ID	USA	83333-8521	
MEMBER	KATHRYN WOODS	113 BLACKFEET DR.	HAILEY	ID	USA	83333-8521	
5. Organized Under the Laws of: ID W 13909		6. Annual Report must be signed.* Signature: RICHARD F PARIS Name (type or print): RICHARD F PARIS					
		Date: 11/01/2017 Title: MEMBER					
Processed 11/01/2017		* Electronically provided signatures are accepted as original signatures.					