

No. <b>W 70903</b>		<b>Due no later than Jan 31, 2016</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  TOTAL PRACTICE MANAGEMENT LLC LOIS AKERS 2832 BALBOA IDAHO FALLS ID 83404		DOUGLAS AKERS 2832 BALBOA IDAHO FALLS ID 83404			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	DOUGLAS AKERS	2832 BALBOA	IDAHO FALLS	ID		83404	
5. Organized Under the Laws of:  <b>ID</b> <b>W 70903</b>		6. Annual Report must be signed.*  Signature: Lois Akers Name (type or print): Lois Akers  Date: 01/31/2016 Title: President					
Processed 01/31/2016 * Electronically provided signatures are accepted as original signatures.							