No. **W 28557**	**Due no later than Feb 28, 2015**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** UPPER VALLEY FAMILY MEDICINE, PLLC RICHARD T HARPER 711 RIGBY LAKE DR #115 RIGBY ID 83442	RICHARD T HARPER 711 RIGBY LAKE DR #115 RIGBY 83442 3. New 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	RICHARD T HARPER	3921 EAST 154 NORTH	RIGBY	ID		83442

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 28557**	Signature: Darin Berrett	Date: 01/14/2015
	Name (type or print): Darin Berrett	Title: Office Manager

Processed 01/14/2015

* Electronically provided signatures are accepted as original signatures.