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|--|---------------------------|--|-------------------|---|---------|-------------|--|
| No. W 39899 | | Due no later than May 31, 2010 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. CANFIELD FAMILY MEDICAL GROUP, LLC (THE) JANCIE ADELE LINDSTROM MD 700 IRONWOOD DR STE 234 COEUR D ALENE ID 83814 USA | | JANCIE ADELE LINDSTROM MD 7800 N MT CARROL ST DALTON GARDENS ID 83815 | | | |
| 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 | JANCIE ADELE LINDSTROM MD | 7800 N MT CARROL ST | DALTON GARDENS | ID | USA | 83815 | |
| 5. Organized Under the Laws of: ID W 39899 | | 6. Annual Report must be signed.* Signature: Tammy Rupinski Name (type or print): Tammy Rupinski | | | | | |
| | | Date: 06/14/2010 Title: Office Manager | | | | | |
| Processed 06/14/2010 | | * Electronically provided signatures are accepted as original signatures. | | | | | |