

No. <b>W 8847</b>		<b>Due no later than May 31, 2012</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>  TRINITY MOUNTAIN FAMILY PRACTICE PHYSICIANS, PLLC TIMOTHY L BRININGER MD 562 E MIKES PLACE BOISE ID 83716		TIMOTHY L BRININGER, M.D. 562 E MIKES PLACE BOISE ID 83716			
<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	TIMOTHY L BRININGER M.D.	890 N 6TH E	MOUNTAIN HOME	ID	USA	83647	
MEMBER	KARL H OLSON M.D.	890 N 6TH E	MOUNTAIN HOME	ID	USA	83647	
5. Organized Under the Laws of:  <b>ID</b> <b>W 8847</b>		6. Annual Report must be signed.*  Signature: Timothy brininger Name (type or print): Timothy brininger					
Processed 03/12/2012		Date: 03/12/2012 Title: Member  * Electronically provided signatures are accepted as original signatures.					