

No. <b>W 4319</b>		Due no later than Jul 31, 2013		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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b> <b>1. Mailing Address: Correct in this box if needed.</b> REXBURG FAMILY MEDICAL CENTER, P.L.L.C. MICHAEL PACKER 37 SOUTH 2ND EAST SUITE 100 REXBURG ID 83440		MICHAEL M PACKER M.D. 37 SOUTH 2ND EAST SUITE 100 REXBURG ID 83440	
				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	MICHAEL M PACKER	552 HARVEST DRIVE	REXBURG	ID	USA 83440
5. Organized Under the Laws of:		6. Annual Report must be signed.*			
<b>ID W 4319</b>		Signature: Michael Packer Name (type or print): Michael Packer		Date: 08/13/2013 Title: Owner	
Processed 08/13/2013		* Electronically provided signatures are accepted as original signatures.			