| No. W 102033 | Due no later than Apr 30, 2015 | 2. Registered A | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---|---|---|---------|-------------|--|
| Return to: | Annual Report Form | JENNIFER L PETRIE MD | | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | 1. Mailing Address: Correct in this box if needed. PETRIE WHITE FAMILY MEDICINE OF IDAHO, PLLC JENNIFER L PETRIE 2700 EAST LOCUST STREET | 2700 EAST LOCUST STREET EMMETT 83617 | | | | |
| | EMMETT ID 83617 | 3. New Registered Agent Signature:* | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | USA | | | | | |
| 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 RYAN E WH | ITE 2700 EAST LOCUST STREET | EMMETT | ID | USA | 83617 | |
| MANAGER JENNIFER L | PETRIE 1102 EAST LOCUST STREET | EMMETT | ID | USA | 83617 | |
| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | | | | | |
| ID | Signature: Jennifer Petrie | Date: 03/22/2015 | | | | |
| W 102033 | Name (type or print): Jennifer Petrie | Title: C.E.O. | | | | |
| Processed 03/22/2015 | * Electronically provided signatures are accepted as original signatures. | | | | | |