

No. W 55816		Due no later than Oct 31, 2016		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 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. INITIAL POINT FAMILY MEDICINE, PLLC MARK S GRAJCAR DO 2640 SOUTH EAGLE ROAD MERIDIAN ID 83642 USA		MARK S GRAJCAR DO 2640 S EAGLE RD MERIDIAN ID 83642		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	MARK S GRAJCAR	3701 MOUNTAIN VIEW DR	BOISE	ID		83704	
5. Organized Under the Laws of: ID W 55816		6. Annual Report must be signed.* Signature: Mark S. Grajcar DO Name (type or print): Mark S. Grajcar DO		Date: 09/29/2016 Title: Member			
Processed 09/29/2016		* Electronically provided signatures are accepted as original signatures.					