No. **C 117454**	**Due no later than Dec 31, 2014**	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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** FAMILY HEALTH ASSOCIATES, P.A. TERRI AHLF 914 IRONWOOD DR STE 101 COEUR D'ALENE ID 83814	RICHARD K BELL, M.D. 914 IRONWOOD DR STE 101 COEUR D'ALENE 83814 3. New Registered Agent Signature:*

4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	ALYSSA SHAW	914 IRONWOOD DR STE 101	COEUR D'ALENE	ID	USA	83814
DIRECTOR	RICHARD K BELL, M.D.	914 IRONWOOD DR STE 101	COEUR D'ALENE	ID	USA	83814
DIRECTOR	BRADLEY DRURY, M.D.	914 IRONWOOD DR STE 101	COEUR D'ALENE	ID	USA	83814

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 117454**	Signature: Terri Ahlf	Date: 10/30/2014
	Name (type or print): Terri Ahlf	Title: Business Manager

Processed 10/30/2014

* Electronically provided signatures are accepted as original signatures.