

No. <b>W 8847</b>		<b>Due no later than May 31, 2010</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		TIMOTHY L BRININGER, M.D. 562 E DANSKIN BOISE ID 83716			
		<b>1. Mailing Address: Correct in this box if needed.</b> TRINITY MOUNTAIN FAMILY PRACTICE PHYSICIANS, PLLC TIMOTHY L BRININGER MD 562 E DANSKIN BOISE ID 83716		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:		6. Annual Report must be signed.*					
<b>ID W 8847</b>		Signature: Timothy L Brininger				Date: 05/14/2010	
		Name (type or print): Timothy L Brininger				Title: Member	
Processed 05/14/2010		* Electronically provided signatures are accepted as original signatures.					