

No. <b>W 57905</b>		<b>Due no later than Jan 31, 2015</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>		TROY GEYMAN MD 6488 CHINOOK BONNERS FERRY 83805	
		<b>1. Mailing Address: Correct in this box if needed.</b> BONNERS FERRY FAMILY MEDICINE, PLLC TROY GEYMAN MD PO BOX 208 6488 CHINOOK ST BONNERS FERRY ID 83805 USA		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
MANAGER	TROY GEYMAN MD	5853 HWY 1	BONNERS FERRY	ID	83805
5. Organized Under the Laws of:		6. Annual Report must be signed.*			
<b>ID W 57905</b>		Signature: Troy Geyman, M.D.		Date: 02/17/2015	
		Name (type or print): Troy Geyman, M.D.		Title: Manager	
Processed 02/17/2015		* Electronically provided signatures are accepted as original signatures.			