

No. W 57905		Due no later than Jan 31, 2015 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		1. Mailing Address: Correct in this box if needed. BONNERS FERRY FAMILY MEDICINE, PLLC TROY GEYMAN MD PO BOX 208 6488 CHINOOK ST BONNERS FERRY ID 83805 USA		TROY GEYMAN MD 6488 CHINOOK BONNERS FERRY 83805			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name TROY GEYMAN MD	Street or PO Address 5853 HWY 1		City BONNERS FERRY	State ID	Country	Postal Code 83805
5. Organized Under the Laws of: ID W 57905		6. Annual Report must be signed.* Signature: Troy Geyman, M.D. Name (type or print): Troy Geyman, M.D. Date: 02/17/2015 Title: Manager					
Processed 02/17/2015 * Electronically provided signatures are accepted as original signatures.							