

No. <b>W 54862</b>		<b>Due no later than Sep 30, 2014</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>  <b>1. Mailing Address: Correct in this box if needed.</b>  PRAIRIE FAMILY MEDICINE, PLLC MAREN K SNYDERS 1130 W PRAIRIE AVE COEUR D ALENE ID 83815 USA		BRIAN SNYDERS DO 1130 W PRAIRIE AVE COEUR D'ALENE ID 83815	
				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	BRIAN D SNYDERS DO	1130 W PRAIRIE AVE	COEUR D'ALENE	ID	USA 83815
5. Organized Under the Laws of:  <b>ID W 54862</b>		6. Annual Report must be signed.* Signature: Maren Snyders Name (type or print): Maren Snyders Date: 09/24/2014 Title: Vice President			
Processed 09/24/2014		* Electronically provided signatures are accepted as original signatures.			