

No. W 2509		Due no later than Jun 30, 2012		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 CENTER OF SANDPOINT, P.L.L.C. SCOTT R DUNN MD 606 N THIRD AVE STE 101 SANDPOINT ID 83864		SCOTT R DUNN, MD 606 N THIRD AVE SUITE 101 SANDPOINT ID 83864			
				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	SCOTT R DUNN MD	606 N THIRD AVE STE 101	SANDPOINT	ID	USA	83864	
MEMBER	DANIEL J MEULEUBERG MD	606 N THIRD AVE STE 101	SANDPOINT	ID	USA	83864	
MEMBER	JEREMY J WOLERS MD	606 N THIRD AVE STE 101	SANDPOINT	ID	USA	83864	
5. Organized Under the Laws of: ID W 2509		6. Annual Report must be signed.* Signature: Mari Cower Name (type or print): Mari Cower Date: 04/25/2012 Title: Office Manager					
Processed 04/25/2012		* Electronically provided signatures are accepted as original signatures.					