

No. L 102 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Jun 30, 2013 1. Mailing Address: Correct in this box if needed. FAMILY MEDICAL ASSOCIATES LIMITED PARTNERSHIP C/O NELSON & TOWNSEND 485 E STREET IDAHO FALLS ID 83402	2. Registered Agent and Office ROGERS S. BRUNT 2340 VIRLOW DR IDAHO FALLS ID 83401 3. New Registered Agent Signature.														
4. Limited Partnerships: Enter Names and Business Addresses of general partners. <table border="1"> <thead> <tr> <th>General Partners</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Family Emergency Center Ptn</td> <td></td> <td>1905E 17th St</td> <td>Idaho Falls</td> <td>Id</td> <td></td> <td>83402</td> </tr> </tbody> </table>			General Partners	Name	Street or PO Address	City	State	Country	Postal Code	Family Emergency Center Ptn		1905E 17th St	Idaho Falls	Id		83402
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5. Organized Under the Laws of: IDAHO L 102	6. Signature: <i>P. Jeffrey Thompson</i> Date: <u>7/2/2013</u> Name (type or print): <u>P Jeffrey Thompson</u> Title: <u>Ltd Ptn</u>															

Issued 06/28/2013 by CLH

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INSTRUCTIONS FOR THE FRANCHISES... (partially obscured)