

No. W 133384	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. COMPLETE FAMILY CARE PLLC CLAY C PRINCE MD 10 MADISON PROFESSIONAL PARK REXBURG ID 83440		CLAY C PRINCE MD 10 MADISON PROFESSIONAL PARK REXBURG 83440			
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 MEMBER	Name CLAY PRINCE MD	Street or PO Address 10 MADISON PROFESSIONAL PARK	City REXBURG	State ID	Country USA	Postal Code 83440
5. Organized Under the Laws of: ID W 133384	6. Annual Report must be signed.* Signature: Clay Prince Name (type or print): Clay Prince Date: 11/17/2014 Title: MEMBER					
Processed 11/17/2014 * Electronically provided signatures are accepted as original signatures.						