No. **W 54862**	**Due no later than Sep 30, 2018** **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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** PRAIRIE FAMILY MEDICINE, PLLC MAREN K SNYDERS 1130 W PRAIRIE AVE COEUR D ALENE ID 83815	BRIAN SNYDERS DO 1130 W PRAIRIE AVE COEUR D'ALENE ID 83815 3. New 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		83815

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 54862**	Signature: Maren Snyders	Date: 08/16/2018
	Name (type or print): Maren Snyders	Title: Member

Processed 08/16/2018

* Electronically provided signatures are accepted as original signatures.