

No. W 8745	Due no later than May 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. RIGBY FAMILY MEDICAL CENTER, P.L.L.C. BRYAN D HAMMAR 3902 E 132 N RIGBY ID 83442 USA		BRYAN D HAMMAR 167 EAST 1ST SOUTH RIGBY ID 83442			
			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	BRYAN D HAMMAR	3902 E 132 N	RIGBY	ID	USA	83442
MEMBER	RUTH S HAMMAR	3902 E 132 N	RIGBY	ID	USA	83442
5. Organized Under the Laws of: ID W 8745	6. Annual Report must be signed.* Signature: Ruth S Hammar Name (type or print): Ruth S Hammar		Date: 06/15/2015 Title: Member			
Processed 06/15/2015		* Electronically provided signatures are accepted as original signatures.				