No. W 103950		Due no later than Jun 30, 2017		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		ANGELA L	ANGELA L HOUSE DO			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. FAMILY AND FUNCTIONAL MEDICINE OF IDAHO PLLC ANGELA L HOUSE DO 12354 N HUMPHREYS WAY BOISE ID 83714 12354 N HUMPHR BOISE ID 8371 3. New Registered A			83714			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Nar	mes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	ANGELA L HOUSE		12354 N HUMPHREYS WAY	BOISE	ID	USA	83714	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Angela House			Date: 06/25/2017			
W 103950		Name (type o	r print): Angela House		Title: Owner			
Processed 06/25/2017 * Electronically provided signatures are accepted as original signatures.								