

No. W 102033		Due no later than Apr 30, 2014 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. PETRIE WHITE FAMILY MEDICINE OF IDAHO, PLLC JENNIFER L PETRIE 2563 W SOUTH SLOPE RD EMMETT ID 83617 USA		JENNIFER L PETRIE MD 2563 W SOUTH SLOPE RD EMMETT ID 83617			
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	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	RYAN E WHITE	2563 WEST SOUTH SLOPE ROAD	EMMETT	ID	USA	83617	
MANAGER	JENNIFER L PETRIE	1102 EAST LOCUST STREET	EMMETT	ID	USA	83617	
5. Organized Under the Laws of: ID W 102033		6. Annual Report must be signed.* Signature: Jennifer L Petrie Name (type or print): Jennifer L Petrie Date: 03/25/2014 Title: Ceo/president					
Processed 03/25/2014 * Electronically provided signatures are accepted as original signatures.							