

No. W 54862	Due no later than Sep 30, 2012 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 USA		BRIAN SNYDERS DO 1130 W PRAIRIE AVE COEUR D'ALENE ID 83815			
			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	BRIAN D SNYDERS DO	1130 W PRAIRIE AVE	COEUR D'ALENE	ID	USA	83815
5. Organized Under the Laws of: ID W 54862	6. Annual Report must be signed.* Signature: Brian Snyders Name (type or print): Brian Snyders		Date: 07/31/2012 Title: President			
Processed 07/31/2012		* Electronically provided signatures are accepted as original signatures.				