

|                                                                                                                                                        |               |                                                                                                                                                                |           |                                                               |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------|---------|-------------|--|
| No. <b>C 88641</b>                                                                                                                                     |               | <b>Due no later than Feb 28, 2014</b>                                                                                                                          |           | 2. Registered Agent and Address <b>(NO PO BOX)</b>            |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |               | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>FAMILY PRACTICE GROUP, P.A.<br>SHELLY R STRANSKI<br>1951 BENCH RD STE B<br>POCATELLO ID 83201 |           | KRIS WALKER<br>1951 BENCH RD STE B<br>POCATELLO ID 83201-2073 |         |             |  |
|                                                                                                                                                        |               |                                                                                                                                                                |           | 3. <u>New</u> Registered Agent Signature:*                    |         |             |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |               |                                                                                                                                                                |           |                                                               |         |             |  |
| Office Held                                                                                                                                            | Name          | Street or PO Address                                                                                                                                           | City      | State                                                         | Country | Postal Code |  |
| TREASURER                                                                                                                                              | ANDREW THAYNE | 1951 BENCH RD STE B                                                                                                                                            | POCATELLO | ID                                                            | USA     | 83201       |  |
| PRESIDENT                                                                                                                                              | KRIS WALKER   | 1951 BENCH RD STE B                                                                                                                                            | POCATELLO | ID                                                            | USA     | 83201       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 88641</b>                                                                                           |               | 6. Annual Report must be signed.*<br>Signature: Kris Walker<br>Name (type or print): Kris Walker                                                               |           |                                                               |         |             |  |
| Date: 12/18/2013<br>Title: President                                                                                                                   |               |                                                                                                                                                                |           |                                                               |         |             |  |
| Processed 12/18/2013                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                                      |           |                                                               |         |             |  |