No. <b>C 117454</b>		Due no later than Dec 31, 2016 Annual Report Form		2. Registered Age	2. Registered Agent and Address (NO PO BOX)  RICHARD K BELL, M.D.										
Return to:				10.0000 NO. 0000 NO.000 NO. 00. 00.000 NO.000 NO.											
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.			914 IRONWOOD DR STE 101 COEUR D'ALENE ID 83814										
		FAMILY HEALTH ASSOCIATES, P.A. TERRI AHLF 914 IRONWOOD DR STE 101 COEUR D'ALENE ID 83814		3. New Registered Agent Signature:*											
								4. Corporations: Enter Na	mes and Busin	ess Addresses of Pre	esident, Secretary, and Directors. Treasu	urer (optional).			
								Office Held	Name		Street or PO Address	City	State	Country	Postal Code
DIRECTOR	RECTOR ALYSSA SHA		914 IRONWOOD DR STE 101	COEUR D'ALENE	ID	USA	83814								
DIRECTOR RICHARD K		BELL, M.D.	914 IRONWOOD DR STE 101	COEUR D'ALENE	ID	USA	83814								
DIRECTOR BRADLEY DR		RURY, M.D.	914 IRONWOOD DR STE 101	COEUR D'ALENE	ID	USA	83814								
5. Organized Under the Laws of:		6. Annual Report must be signed.*													
ID		Signature: Terrii Ahlf		Dar	Date: 11/20/2016										
C 117454		Name (type or print): Terrii Ahlf		Title: Bookkeeper											
Processed 11/20/2016 * Electronically provided signatures are accepted as original signatures.															