

No. W 106349	Due no later than Aug 31, 2017 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. HARVEY FAMILY HEALTH CARE PLLC NICHOLE HARVEY 575 E PARKCENTER BLVD 110 BOISE ID 83706	NICHOLE HARVEY 3773 E. PECAN ST BOISE ID 83716	
		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	NICHOLE YVETTE HARVEY	575 E. PARKCENTER BLVD. STE. 110	BOISE ID USA 83706
5. Organized Under the Laws of: ID W 106349	6. Annual Report must be signed.* Signature: Nichole Harvey Name (type or print): Nichole Harvey		Date: 06/22/2017 Title: Member
Processed 06/22/2017		* Electronically provided signatures are accepted as original signatures.	