

No. W 54862		Due no later than Sep 30, 2016		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		Annual Report Form 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		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	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: 08/12/2016 Title: Member			
Processed 08/12/2016		* Electronically provided signatures are accepted as original signatures.			