No. <b>W 127704</b>		Due no later than Jul 31, 2016		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		GARY SOUCIE				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  PHYSICIANS GROUP MANAGEMENT, PLLC GARY SOUCIE 85 W 130 N BLACKFOOT ID 83221		85 W 130 N BLACKFOOT ID 83221  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Comp	anies: Enter Na	mes and Addresses	of at least one Member or Manag	er.				
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER	GARY W SO	DUCIE	85 W 130 N		BLACKFOOT	ID	USA	83221
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Gary Soucie		Date: 06/16/2016				
W 127704		Name (type or print): Gary Soucie			Title: president			
Processed 06/16/2016 * Electronically provided signatures are accepted as original signatures.								