

No. <b>W 31747</b>	<b>Due no later than Jul 31, 2011</b> <b>Annual Report Form</b>	2. Registered Agent and Address <b>(NO PO BOX)</b>				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> ADVANCED FAMILY MEDICINE, PLLC S&S LEGAL DOCUMENTS LLC 3006 E GOLDSTONE DR STE 101 MERIDIAN ID 83642	S&S LEGAL DOCUMENTS, LLC 3006 GOLDSTONE DR STE 101 MERIDIAN ID 83642 USA  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
MANAGER	MIKE FOUTZ	1248 N FORTY NINER AVE	KUNA	ID	USA	83634
MEMBER	KATHERINE ELSTUN P.A.	220 S. FIRWOOD	EAGLE	ID	USA	83616
MEMBER	MIKE FOUTZ	1248 N. FORTYNINER AVE	KUNA	ID	USA	83634
MEMBER	MOLLY B ARMJO, MD, PA	4014 MORNINGWIND AVE.	BOISE	ID	USA	83706
5. Organized Under the Laws of:  <b>ID</b> <b>W 31747</b>	6. Annual Report must be signed.* Signature: Mike Foutz Name (type or print): Mike Foutz		Date: 08/17/2011 Title: Manager			
Processed 08/17/2011		* Electronically provided signatures are accepted as original signatures.				