| No. W 39899 | Due no | Due no later than May 31, 2012 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|--|--------------------------------|---|--|---------|-------------|--|
| Return to: | Annual Report Form | | December 1997 1997 1997 1997 1997 1997 1997 199 | JANCIE ADELE LINDSTROM MD | | | |
| SECRETARY OF STATE | 1. Mailing Address: Correct in this box if needed. CANFIELD FAMILY MEDICAL GROUP, LLC (THE) JANCIE ADELE LINDSTROM MD 1110 W PARK PLACE STE 202 COEUR D ALENE ID 83814 | | | 7800 N MT CARROL ST DALTON GARDENS ID 83815 | | | |
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | | DALI ON GAP | | | | |
| | | | 3. <u>New</u> Register | 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | USA | | | | | | |
| 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 JANCIE AL | DELE LINDSTROM MD | 7800 N MT CARROL ST | DALTON GARDENS | ID | USA | 83815 | |
| 5. Organized Under the Laws of: 6. Annual Report must be signed.* | | | | | | | |
| ID | Signature: J Adele Lindstrom, Md Date: 06/13/2012 | | | | 2 | | |
| W 39899 | Name (type or prir | | Title: Owner | | | | |
| Processed 06/13/2012 | * Electronically provided signatures are accepted as original signatures. | | | | | | |