No. **W 4837**	**Due no later than Oct 31, 2010**	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.** SE IDAHO FAMILY PRACTICE, LLC 2775 CHANNING WAY IDAHO FALLS ID 83404	KAY L CHRISTENSEN 2775 CHANNING WAY IDAHO FALLS ID 83404 3. New 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	KAY L CHRISTENSEN	345 HOMESTEAD LANE	IDAHO FALLS	ID	USA	83404
MEMBER	DANIEL W MCLAUGHLIN	5084 PAHALA	IDAHO FALLS	ID	USA	83404
MEMBER	BARRY F BENNETT	2943 BALBOA	IDAHO FALLS	ID	USA	83404

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 4837**	Signature: Kay Christensen	Date: 08/10/2010
	Name (type or print): Kay Christensen	Title: Member

Processed 08/10/2010

* Electronically provided signatures are accepted as original signatures.