No. **W 89380**	**Due no later than Dec 31, 2011** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** HUFFINE FAMILY MEDICAL, P.L.L.C. CORY J HUFFINE 308 S JACKSON BOISE ID 83705	JOHN R HAMMOND JR 101 S CAPITOL BLVD STE 500 BOISE ID 83701 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
MANAGER	CORY J HUFFINE	308 S JACKSON STREET	BOISE	ID	USA	83705

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 89380**	Signature: Cory Huffine	Date: 12/07/2011
	Name (type or print): Cory Huffine	Title: Manager

Processed 12/07/2011

* Electronically provided signatures are accepted as original signatures.