

No. <b>W 29359</b>		<b>Due no later than Mar 31, 2018</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>1. Mailing Address: Correct in this box if needed.</b>  COMMUNITY HEALTH CARE PHYSICIANS GROUP, PLLC VALERIE CARPENTER 619 S WASHINGTON ST STE 203 MOSCOW ID 83843 USA		ROBERT SPADY 619 S WASHINGTON ST STE 203 MOSCOW ID 83843			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name ROBERT N SPADY	Street or PO Address 619 S WASHINGTON ST STE 203		City MOSCOW	State ID	Country USA	Postal Code 83843
5. Organized Under the Laws of:  <b>WA</b> <b>W 29359</b>		6. Annual Report must be signed.*  Signature: Robert Spady Name (type or print): Robert Spady  Date: 01/24/2018 Title: Manager					
Processed 01/24/2018      * Electronically provided signatures are accepted as original signatures.							