

No. W 29359		Due no later than Mar 31, 2018		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. 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			
				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	
MEMBER	ROBERT N SPADY	619 S WASHINGTON ST STE 203	MOSCOW	ID	USA	83843	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
WA W 29359		Signature: Robert Spady				Date: 01/24/2018	
		Name (type or print): Robert Spady				Title: Manager	
Processed 01/24/2018		* Electronically provided signatures are accepted as original signatures.					