

No. W 509		Due no later than Sep 30, 2015		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. PHYSICIAN CENTER, A PROFESSIONAL COMPANY JENNIFER PREUCIL 2550 ADDISON AVE E TWIN FALLS ID 83301		JENNIFER PREUCIL 2550 ADDISON AVE E TWIN FALLS ID 83301			
				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	BRYON JOHNS	775 POLE LINE ROAD WEST	TWIN FALLS	ID	USA	83301	
MEMBER	MITCHELL MOFFITT	775 POLE LINE ROAD WEST	TWIN FALLS	ID	USA	83301	
MEMBER	RYAN MELVIN	2550 ADDISON AVE E	TWIN FALLS	ID	USA	83301	
MEMBER	BRIAN JOHNS	775 POLE LINE ROAD WEST	TWIN FALLS	ID	USA	83301	
MEMBER	JENNIFER PREUCIL	2550 ADDISON AVE E	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 509		Signature: JENNIFER PREUCIL		Date: 10/16/2015			
		Name (type or print): JENNIFER PREUCIL		Title: MANAGING MEMBER			
Processed 10/16/2015		* Electronically provided signatures are accepted as original signatures.					