

No. <b>W 133384</b>	<b>Due no later than Jan 31, 2017</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b>  COMPLETE FAMILY CARE PLLC CLAY C PRINCE MD 10 MADISON PROFESSIONAL PARK REXBURG ID 83440		CLAY C PRINCE MD 10 MADISON PROFESSIONAL PARK REXBURG ID 83440			
			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	CLAY PRINCE MD	10 MADISON PROFESSIONAL PARK	REXBURG	ID	USA	83440
5. Organized Under the Laws of:  <b>ID</b> <b>W 133384</b>	6. Annual Report must be signed.* Signature: Clay C. Prince Name (type or print): Clay C. Prince		Date: 11/29/2016 Title: Member			
Processed 11/29/2016		* Electronically provided signatures are accepted as original signatures.				