No. W 92017		Due no later than Mar 31, 2014		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		ROBERT SPADY			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.			619 S WASHINGTON ST SUITE 203 MOSCOW ID 83843		
		TOTAL HEALTH PHYSICIAN GROUP, LLC VALERIE CARPENTER 619 S WASHINGTON ST SUITE 203 MOSCOW ID 83843		MOSCOW ID 63643			
				3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA					
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held Nar	me		Street or PO Address	City	State	Country	Postal Code
MANAGER ROBERT N S		SPADY	619 S WASHINGTON, SUITE 203	MOSCOW	ID	USA	83843
5. Organized Under the Laws of:		6. Annual Report	must be signed.*				
WA W 92017		Signature: Robert Spady		Date: 01/29/2014			
		Name (type or	Title: Manager				
Processed 01/29/2014		* Electronically provided signatures are accepted as original signatures.					