FILED EFFECTIVE

No. W 34455 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: $30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 02/04/2010 1. Mailing Address: Correct in this box if needed. WOOD RIVER FAMILY MEDICINE, PLLC ~~TRACEY L BUSBY~~ Richard F. Paris ~~706 S. MAIN ST~~ 113 Blackfeet Drive HAILEY ID 83333	2. Registered Agent and Office (NOT A P.O. BOX) ~~TRACEY BUSBY MD~~ Richard F Paris MD ~~706 MAIN ST~~ 113 Blackfeet Drive HAILEY ID 83333 3. New Registered Agent Signature. Richard F Paris MD

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.

Manager/Member	Name	Street or PO Address	City	State	Country	Postal Code
Member	Richard F Paris MD	113 Blackfeet Drive	Hailey	ID		83333
member	Kathryn A. Woods MD	113 Blackfeet Drive,	Hailey	ID		83333

5. Organized Under the Laws of: IDAHO W 34455	6. Signature: Richard F Paris MD Date: 12/17/10 Name (type or print): Richard F. Paris MD Title: Member

Issued 12/17/2010 by CLH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM