

No. W 13875		Due no later than Dec 31, 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		1. Mailing Address: Correct in this box if needed. EMMETT MEDICAL CENTER PLLC LISA J FORURIA 1102 E LOCUST ST EMMETT ID 83617-2713		JAMES F THOMSON MD 1102 E LOCUST ST EMMETT ID 83617-2713			
				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	JAMES F THOMSON MD	1102 E LOCUST	EMMETT	ID	USA	83617-2713	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 13875		Signature: Lisa Foruria				Date: 12/24/2015	
		Name (type or print): Lisa Foruria				Title: Clinic Administrator	
Processed 12/24/2015		* Electronically provided signatures are accepted as original signatures.					