

No. W 22371		Due no later than Jan 31, 2014 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. MICHAEL E. COATS, M.D., PLLC MICHAEL E COATS 2841 EAST PACKSADDLE DRIVE COEUR D'ALENE ID 83815		MICHAEL E COATS MD 2841 EAST PACKSADDLE DRIVE COEUR D'ALENE ID 83815			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name MICHAEL E COATS MD	Street or PO Address 2841 EAST PACKSADDLE DRIVE		City COEUR D'ALENE	State ID	Country USA	Postal Code 83815
5. Organized Under the Laws of: ID W 22371		6. Annual Report must be signed.* Signature: Michael Coats Name (type or print): Michael Coats Date: 12/08/2013 Title: Owner					
Processed 12/08/2013 * Electronically provided signatures are accepted as original signatures.							