

No. <b>W 96765</b>	<b>Due no later than Sep 30, 2011</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> MAGIC VALLEY URGENT CARE, PLLC WESLEY SCOTT APPLETON 496 SHOUP AVE W STE F TWIN FALLS ID 83301 USA		WESLEY SCOT APPLETON MD PHD 1505 ANNY DR E TWIN FALLS ID 83301			
			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	WESLEY SCOTT APPLETON	496 SHOUP AVE W STE F	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of:  <b>ID</b> <b>W 96765</b>	6. Annual Report must be signed.* Signature: Wesley Scott Appleton MD PhD Name (type or print): Wesley Scott Appleton MD PhD		Date: 07/16/2011 Title: Member			
Processed 07/16/2011		* Electronically provided signatures are accepted as original signatures.				