

No. <b>W 73932</b>		<b>Due no later than May 31, 2012</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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  JOHN W. HOWAR M.D. PLLC JOHN W HOWAR MD 3054 BOEHM ESTATE DRIVE TWIN FALLS ID 83301 USA		PENELOPE PARKER 2034 ADDISON AVE 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	JOHN W HOWAR MD	714 N COLLEGE AVE, SUITE A	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 73932</b>		Signature: John Howar MD				Date: 03/21/2012	
		Name (type or print): John Howar MD				Title: Member	
Processed 03/21/2012		* Electronically provided signatures are accepted as original signatures.					