

|  |                   |   |       |  |         |                  |  |
|--|-------------------|---|-------|--|---------|------------------|--|
| No. <b>W 127346</b>  |                   | <b>Due no later than Jul 31, 2015</b>   |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>               |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                   | <b>1. Mailing Address: Correct in this box if needed.</b><br>HEATHER ELLSWORTH, M.D., PLLC<br>HEATHER ELLSWORTH<br>2189 EAGLE CREST DRIVE<br>FILER ID 83328 |       | HEATHER ELLSWORTH MD<br>2189 EAGLE CREST DRIVE<br>FILER ID 83328 |         |                  |  |
|  |                   |   |       | 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      |  |
| MANAGER  | HEATHER ELLSWORTH | 2189 EAGLE CREST DRIVE  | FILER | ID   | USA     | 83328            |  |
| 5. Organized Under the Laws of:  |                   | 6. Annual Report must be signed.*   |       |  |         |                  |  |
| <b>ID<br/>W 127346</b>   |                   | Signature: HEATHER ELLSWORTH  |       |  |         | Date: 06/03/2015 |  |
|  |                   | Name (type or print): HEATHER ELLSWORTH   |       |  |         | Title: MD        |  |
| Processed 06/03/2015   |                   | * Electronically provided signatures are accepted as original signatures.   |       |  |         |                  |  |