

No. W 127346		Due no later than Jul 31, 2015 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. HEATHER ELLSWORTH, M.D., PLLC HEATHER ELLSWORTH 2189 EAGLE CREST DRIVE FILER ID 83328		HEATHER ELLSWORTH MD 2189 EAGLE CREST DRIVE FILER ID 83328			
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 MANAGER	Name HEATHER ELLSWORTH	Street or PO Address 2189 EAGLE CREST DRIVE		City FILER	State ID	Country USA	Postal Code 83328
5. Organized Under the Laws of: ID W 127346		6. Annual Report must be signed.* Signature: HEATHER ELLSWORTH Name (type or print): HEATHER ELLSWORTH Date: 06/03/2015 Title: MD					
Processed 06/03/2015 * Electronically provided signatures are accepted as original signatures.							