

No. W 23549		Due no later than Apr 30, 2011		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. SUMMIT HEALTH PROFESSIONALS, PLLC STEVEN J WRIGHT PO BOX 50578 IDAHO FALLS ID 83405		STEVEN J WRIGHT 477 SHOUP AVE STE 109 IDAHO FALLS ID 83402	
				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	PHILIP WILLIAM GIRLING MD	1970 E 17TH ST STE 104	IDAHO FALLS	ID	USA 83404
5. Organized Under the Laws of: ID W 23549		6. Annual Report must be signed.* Signature: Steven J Wright Name (type or print): Steven J Wright Date: 03/25/2011 Title: Registered Agent			
Processed 03/25/2011		* Electronically provided signatures are accepted as original signatures.			