

No. W 28557	Due no later than Feb 28, 2010 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		RICHARD T HARPER 530 RIGBY LAKE DR RIGBY ID 83442			
	UPPER VALLEY FAMILY MEDICINE, PLLC 530 RIGBY LAKE DR RIGBY ID 83442		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	RICHARD T HARPER	3921 EAST 154 NORTH	RIGBY	ID	USA	83442
5. Organized Under the Laws of: ID W 28557		6. Annual Report must be signed.* Signature: Darin Berrett Name (type or print): Darin Berrett Date: 01/04/2010 Title: Business Manager				
Processed 01/04/2010		* Electronically provided signatures are accepted as original signatures.				