

No. W 43283	Due no later than Sep 30, 2013 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.		VICKI L WOOLL MD 1281 E IRON EAGLE DR EAGLE ID 83616			
	BROOK MEDICAL PLLC VICKI L WOOLL MD 1281 E IRON EAGLE DR EAGLE ID 83616 USA		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	VICKI L WOOLL MD	1281 E IRON EAGLE DR	EAGLE	ID	USA	83616
5. Organized Under the Laws of: ID W 43283		6. Annual Report must be signed.* Signature: Vicki L Wool MD Name (type or print): Vicki L Wool MD		Date: 08/02/2013 Title: Doctor/Owner		
Processed 08/02/2013		* Electronically provided signatures are accepted as original signatures.				