

No. <b>W 70270</b>		<b>Due no later than Jan 31, 2013</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  WISE MEDICAL OFFICE, LLC DAVID L WISE MD 115 S 15TH AVE STE B POCATELLO ID 83201 USA		DAVID L WISE MD 115 S 15TH AVE STE B POCATELLO ID 83201			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name DAVID L WISE MD	Street or PO Address 115 15TH AVE STE B		City POCATELLO	State ID	Country USA	Postal Code 83201
5. Organized Under the Laws of:  <b>ID</b> <b>W 70270</b>		6. Annual Report must be signed.*  Signature: David L. Wie Name (type or print): David L. Wie  Date: 02/13/2013 Title: Member					
Processed 02/13/2013      * Electronically provided signatures are accepted as original signatures.							