

No. <b>W 70270</b>		<b>Due no later than Jan 31, 2013</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<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			
				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	DAVID L WISE MD	115 15TH AVE STE B	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 70270</b>		Signature: David L. Wie				Date: 02/13/2013	
		Name (type or print): David L. Wie				Title: Member	
Processed 02/13/2013		* Electronically provided signatures are accepted as original signatures.					