| No. W 73857 | | Due no later than Apr 30, 2014 | | 2. Registered Ag | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|------|---|----------------------|--|---|---------|-------------|--|
| Return to: | | Annual Report Form | | No. 200000-700000- and Access of the Company | DR THANA SINGARAJAH | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. PEARL HEALTH CLINIC PLLC DR THANA SINGARAJAH 2705 E 17TH ST AMMON ID 83406 | | IDAHO FALLS | 11760 S COUNTRY CLUB DR IDAHO FALLS ID 83404 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 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 DR THANA SINGARAJAH | | 11760 S COUNTRY CLUB DR | IDAHO FALLS | ID | USA | 83404 | | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID W 73857 | | Signature: Thana Singarajah | | Date | Date: 02/16/2014 | | | |
| | | Name (type or print): Thana Singarajah | | Title: Executive Director | | | | |
| Processed 02/16/2014 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |