No. **W 17220**	**Due no later than Nov 30, 2014**	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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** JOSEPH W. IPPOLITO JR. M.D., P.L.L.C. JOSEPH W IPPOLITO JR PO BOX 1596 TWIN FALLS ID 83303-1596	JOSEPH W IPPOLITO JR 526 SHOUP AVE WEST SUITE F TWIN FALLS ID 83301 3. New 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	JOSEPH W IPPOLITO JR	526 SHOUP AVE WEST SUITE F	TWIN FALLS	ID		83301
MEMBER	KAREN LYNN IPPOLITO	526 SHOUP AVE WEST SUITE F	TWIN FALLS	ID		83301

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 17220**	Signature: Joseph W Ippolito	Date: 09/30/2014
	Name (type or print): Joseph W Ippolito	Title: President

Processed 09/30/2014

* Electronically provided signatures are accepted as original signatures.