

No. <b>W 59314</b>	<b>Due no later than Feb 29, 2012</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> JOSHUA R. FULLMER, M.D., PLLC JOSHUA R FULLMER PO BOX 6 REXBURG ID 83440 USA		JOSHUA R FULLMER 637 STONEBRIDGE REXBURG ID 83440			
			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	JOSHUA R FULLMER	264 E MAIN STREET	REXBURG	ID	USA	83440
5. Organized Under the Laws of:  <b>ID</b> <b>W 59314</b>	6. Annual Report must be signed.* Signature: Darla Coffey Name (type or print): Darla Coffey		Date: 03/06/2012 Title: Manager			
Processed 03/06/2012		* Electronically provided signatures are accepted as original signatures.				