

No. <b>W 79007</b>		<b>Due no later than Nov 30, 2009</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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  PHYSICIANS EQUIPMENT LEASING LLC PENELOPE PARKER 2034 ADDISON AVE EAST TWIN FALLS ID 83301		PENELOPE PARKER 2034 ADDISON AVE EAST TWIN FALLS ID 83301			
				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	
MANAGER	PENELOPE PARKER	2034 ADDISON AVE EAST	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 79007</b>		Signature: P. Parker				Date: 09/10/2009	
		Name (type or print): P. Parker				Title: Attorney	
Processed 09/10/2009		* Electronically provided signatures are accepted as original signatures.					