

No. W 96131	Due no later than Sep 30, 2013 Annual Report Form	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	1. Mailing Address: Correct in this box if needed. PUZZLE PEDIATRICS PLLC C TRAVIS CRIDDLE 465 MCKENNA DR MOUNTAIN HOME ID 83647	C TRAVIS CRIDDLE 465 MCKENNA DR MOUNTAIN HOME ID 83647
		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
MANAGER	C TRAVIS CRIDDLE	465 MCKENNA DR
City	State	Country
MOUNTAIN HOME	ID	USA
Postal Code	83647	
5. Organized Under the Laws of: ID W 96131	6. Annual Report must be signed.* Signature: C. Travis Criddle Name (type or print): C. Travis Criddle	
Processed 08/06/2013	Date: 08/06/2013 Title: Manager * Electronically provided signatures are accepted as original signatures.	