

No. W 33401		Due no later than Sep 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. IDAHO MEDICAL PLAZA, LLC STEPHEN M MALOFF PO BOX 4816 POCATELLO ID 83205-4816 USA		STEPHEN M MALOFF MD 4785 KIM DRIVE POCATELLO ID 83204			
				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	HARVEY L CRANDALL	3417 PHEASANT GROVE	IDAHO FALLS	ID	USA	83401	
MEMBER	NOAH W KLEIN	4747 JOHNNY CREEK	POCATELLO	ID	USA	83204	
MEMBER	JAY N HERRING	1065 E 21ST	IDAHO FALLS	ID	USA	83404	
MEMBER	STEPHEN M MALOFF	PO BOX 4816	POCATELLO	ID	USA	83205	
MEMBER	MICHAEL J GREGSON	27 DUKE	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of: ID W 33401		6. Annual Report must be signed.* Signature: Stephen M Maloff Name (type or print): Stephen M Maloff Date: 09/24/2014 Title: Managing Partner					
Processed 09/24/2014		* Electronically provided signatures are accepted as original signatures.					