

No. W 48939		Due no later than Mar 31, 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. DR. JOHN ROBERTS, LLC JOHN C ROBERTS 256 MARTIN ST TWIN FALLS ID 83301		JOHN C ROBERTS 256 MARTIN ST 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	
MEMBER	JOHN C ROBERTS	256 MARTIN ST	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID W 48939		6. Annual Report must be signed.* Signature: John Roberts Name (type or print): John Roberts Date: 01/29/2014 Title: Member					
Processed 01/29/2014		* Electronically provided signatures are accepted as original signatures.					