

No. W 82555		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. PHYSICIAN'S PROFESSIONAL SERVICES, LLC MARK C NELSON 3975 S BRIARWOOD CIRCLE IDAHO FALLS ID 83404 USA		MARK C NELSON 3975 S BRIARWOOD CIRCLE IDAHO FALLS ID 83404			
				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	MARK C NELSON	3975 S BRIARWOOD CIR.	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of: ID W 82555		6. Annual Report must be signed.* Signature: Mark Nelson Name (type or print): Mark Nelson Date: 02/13/2014 Title: Member					
Processed 02/13/2014		* Electronically provided signatures are accepted as original signatures.					