No. <b>W 26513</b>	D	Due no later than Oct 31, 2010			2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	SOUTHWEST PAULA CARV	Annual Report Form  1. Mailing Address: Correct in this box if needed.  SOUTHWEST IDAHO PULMONARY ASSOCIATES, PLLC PAULA CARVALHO  907 HEARTHSTONE DR  BOISE ID 83702  USA		PAULA CARVALHO 907 HEARTHSTONE DR BOISE ID 83702				
NO FILING FEE IF RECEIVED BY DUE DATI	BOISE ID 8 USA			3. New Registered Agent Signature:*				
200 00 00 0		ses of at least one Member or Manager.	C'h	Chata	C	Deated Code		
Office Held Nam MEMBER PAUL	A CARVALHO	Street or PO Address	City	State	Country	Postal Code 83702		
	IAM H THOMPSON	907 HEARTHSTONE DR 4870 N SKYLINE DR	BOISE EAGLE	ID ID	USA USA	83616		
5. Organized Under the Laws of	: 6. Annual Repo	6. Annual Report must be signed.*						
ID	Signature: P	Signature: Paula Carvalho		Date: 10/02/2010				
W 26513	Name (type	Name (type or print): Paula Carvalho		Title: Md				
Processed 10/02/2010	* Electronically provided signatures are accepted as original signatures.							