| No. <b>J 1828</b> Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  | 1. Mailing Address MOUNTAIN STATE JONI SULLIVAN 210 W JEFFERSON           | 210 W JEFFERSON   |   | 2. Registered Agent and Address (NO PO BOX)  STEPHEN SMITH MD 210 W JEFFERSON BOISE ID 83702 |                                 |  |  |
|---|---|---|---|--|---------------------------------|--|--|
| NO FILING FEE IF RECEIVED BY DUE DATE   | BOISE ID 83702  | BOISE ID 83702 ames and Business Addresses of two (2) or more partners.                     |   | 3. <u>New</u> Registered Agent Signature:*   |                                 |  |  |
| 4. Limited Liability Partnerships: En Office Held Name  | ter names and Business Ad   | Street or PO Address  | City                                      | State  | Country                         | Postal Code  |  |
| PARTNER CHARLES E. SMITH MD., P.A. PARTNER RONALD V. DORN III, M.D., P.A. PARTNER SARAH BOLENDER, M.D., P.A. PARTNER STEPHEN SMITH, M.D., P.A. PARTNER TONYA KUHN, M.D., P.A. |   | 210 W JEFFERSON<br>210 W JEFFERSON<br>210 W JEFFERSON<br>210 W JEFFERSON<br>210 W JEFFERSON | BOISE<br>BOISE<br>BOISE<br>BOISE<br>BOISE | ID<br>ID<br>ID<br>ID<br>ID   | USA<br>USA<br>USA<br>USA<br>USA | 83702<br>83702<br>83702<br>83702<br>83702<br>83702 |  |
| 5. Organized Under the Laws of:  6. Annual Report must be signed.*  |   | st be signed.*  |   |  |                                 |  |  |
| ID<br>J 1828  | Signature: Joni Sullivan<br>Name (type or print): Joni Sullivan           |   | Date: 01/02/2011<br>Title: Administrator  |  |                                 |  |  |
| Processed 01/02/2011  | * Electronically provided signatures are accepted as original signatures. |   |   |  |                                 |  |  |