

No. <b>W 9988</b>		<b>Due no later than Oct 31, 2011</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  IDAHO FALLS PEDIATRICS, P.L.L.C. BART M DAVIS PO BOX 50660 IDAHO FALLS ID 83405		BART M DAVIS 1075 S UTAH STE 322 IDAHO FALLS ID 83402			
				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	
MANAGER	RON W PORTER, MD	260 HARRISBURG	IDAHO FALLS	ID	USA	83404	
MANAGER	SCOTT A SMITH, MD	3355 S. HOLMES	IDAHO FALLS	ID	USA	83404	
MANAGER	JOSEPH MOORE	3901 TAYLORVIEW LANE	AMMON	ID	USA	83406	
5. Organized Under the Laws of:  <b>ID W 9988</b>		6. Annual Report must be signed.* Signature: Bart M. Davis Name (type or print): Bart M. Davis					
		Date: 08/10/2011 Title: Registered Agent					
Processed 08/10/2011		* Electronically provided signatures are accepted as original signatures.					