

No. W 57483		Due no later than Dec 31, 2011		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. MEDICAL OFFICE LLC TROY GEYMAN BOX 208 6488 CHINOOK ST BONNERS FERRY ID 83805-0208 USA		LIGEIA REINHARDT MD 116 NOBLE LANE BONNERS FERRY ID 83805	
				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	TROY W GEYMAN	5853 HWY 1	BONNERS FERRY	ID	USA 83805
5. Organized Under the Laws of: ID W 57483		6. Annual Report must be signed.* Signature: Troy Geyman, MD Name (type or print): Troy Geyman, MD Date: 12/20/2011 Title: Manager			
Processed 12/20/2011		* Electronically provided signatures are accepted as original signatures.			