

No. <b>W 22966</b>		<b>Due no later than Feb 28, 2013</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>  UNIVERSITY MEDICAL ASSOCIATES, LLC JEFFREY E GEIER 623 S MAIN ST MOSCOW ID 83843-2983 USA		JEFFREY E GEIER 623 S MAIN ST MOSCOW ID 83843-2983			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	FRANCIS K SPAIN	623 S MAIN	MOSCOW	ID	USA	83843	
MEMBER	JOHN R HUBERTY	623 S MAIN ST	MOSCOW	ID	USA	83843	
MEMBER	CHARLES A RICHARDS	623 S MAIN ST	MOSCOW	ID	USA	83843	
MEMBER	HELEN M SHEARER	623 S MAIN ST	MOSCOW	ID	USA	83843	
MEMBER	ROBERT M TING	623 S MAIN ST	MOSCOW	ID	USA	83843	
MEMBER	SARA J LAWRENCE	623 S MAIN ST	MOSCOW	ID	USA	83843	
MEMBER	WAYNE L RUBY	623 S MAIN ST	MOSCOW	ID	USA	83843	
MEMBER	NANCY J ELSBURY	623 S MAIN ST	MOSCOW	ID	USA	83843	
MEMBER	RANDAL G LORENZ	623 S MAIN ST	MOSCOW	ID	USA	83843	
MEMBER	DUSTIN K WORTH	623 S MAIN ST	MOSCOW	ID	USA	83843	
MEMBER	SUNDAY D HENRY	623 S MAIN ST	MOSCOW	ID	USA	83843	
5. Organized Under the Laws of:  <b>ID</b> <b>W 22966</b>		6. Annual Report must be signed.*  Signature: Jeffrey E Geier Name (type or print): Jeffrey E Geier					
		Date: 12/21/2012 Title: Registered Agent					
Processed 12/21/2012      * Electronically provided signatures are accepted as original signatures.							