

No. W 80061	Due no later than Dec 31, 2009 Annual Report Form		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	1. Mailing Address: Correct in this box if needed. MATTHEW E. WILLIAMSON, D.O., PLLC MATTHEW WILLIAMSON, DO 444 HOSPITAL WAY STE 701 POCATELLO ID 83201 USA		DAVE R GALLAFENT 109 N ARTHUR POCATELLO ID 83204			
			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	MATTHEW WILLIAMSON, DO	444 HOSPITAL WAY, SUITE 701	POCATELLO	ID	USA	83201
5. Organized Under the Laws of: ID W 80061	6. Annual Report must be signed.* Signature: Matthew Williamson, DO Name (type or print): Matthew Williamson, DO		Date: 10/27/2009 Title: Manager			
Processed 10/27/2009		* Electronically provided signatures are accepted as original signatures.				