

No. <b>W 77645</b>	<b>Due no later than Sep 30, 2014</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b>  TWO RIVERS CLINIC, LLC TONY EDMONDSON PO BOX 871 WEISER ID 83672 USA		DELAND R BARR 683 E THIRD WEISER ID 83672				
			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	ANTHONY L EDMONDSON	683 E. THIRD ST. P.O. BOX 871	WEISER	ID	USA	83672-0871	
MEMBER	DELAND R BARR	683 E. THIRD ST. P.O. BOX 871	WEISER	ID	USA	83672-0871	
5. Organized Under the Laws of:  <b>ID W 77645</b>		6. Annual Report must be signed.* Signature: Anthony L Edmondson Name (type or print): Anthony L Edmondson			Date: 07/16/2014 Title: Secretary		
Processed 07/16/2014		* Electronically provided signatures are accepted as original signatures.					