

No. <b>W 62416</b>		<b>Due no later than May 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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  PREMIER HEALTH SYSTEMS PLLC BRIAN J RAE 2200 WARM SPRINGS STE 106 BOISE ID 83712 USA		BRIAN RAE 541 WARREN ST BOISE ID 83706			
				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	BRIAN J RAE	541 WARNER ST	BOISE	ID	USA	83706	
MEMBER	ERIN M RAE	541 WARREN ST	BOISE	ID	USA	83706	
5. Organized Under the Laws of:  <b>ID W 62416</b>		6. Annual Report must be signed.* Signature: Brian J Rae Name (type or print): Brian J Rae Date: 03/16/2011 Title: Member					
Processed 03/16/2011		* Electronically provided signatures are accepted as original signatures.					