

No. W 95827	Due no later than Aug 31, 2014 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. WILLIS E. PARMLEY, M.D., PLLC WILLIS E. PARMLEY 9242 N SUNSET DR POCATELLO ID 83201	ERIC L OLSEN 201 E CENTER POCATELLO ID 83201				
		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	WILLIS E. PARMLEY	9242 N SUNSET DR	POCATELLO	ID	USA	83201
5. Organized Under the Laws of: ID W 95827	6. Annual Report must be signed.* Signature: Willis Parmley Name (type or print): Willis Parmley		Date: 09/15/2014 Title: Member			
Processed 09/15/2014		* Electronically provided signatures are accepted as original signatures.				