

No. <b>W 12432</b>		<b>Due no later than Jul 31, 2013</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>  DOCTOR'S CLINIC OF ELMORE COUNTY P.L.L.C. LAYNE D. ROBERTS 2000 AMERICAN LEGION BLVD MOUNTAIN HOME ID 83647-3138 USA		LAYNE D ROBERTS DO 2000 AMERICAN LEGION BLVD MOUNTAIN HOME ID 83647-3138	
				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	LAYNE D ROBERTS DO	2000 AMERICAN LEGION BLVD	MOUNTAIN HOME	ID	USA 83647
5. Organized Under the Laws of:  <b>ID W 12432</b>		6. Annual Report must be signed.* Signature: Layne D Roberts Name (type or print): Layne D Roberts Date: 05/15/2013 Title: Member/Manager			
Processed 05/15/2013		* Electronically provided signatures are accepted as original signatures.			