

No. W 17616	Due no later than Dec 31, 2011 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. SNAKE RIVER INTERNAL MEDICINE, PLLC JOHN A COLEMAN PO BOX 1293 TWIN FALLS ID 83303-1293		BRIAN W FORTUIN 401 GOODING ST N. STE 201 TWIN FALLS ID 83301			
			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 W FORTUIN MD	PO BOX 1293	TWIN FALLS	ID	USA	83303
MEMBER	ROBERT S LOBB MD	PO BOX 1293	TWIN FALLS	ID	USA	83303
MEMBER	PATRICK P DESMOND MD	PO BOX 1293	TWIN FALLS	ID	USA	83303
5. Organized Under the Laws of: ID W 17616	6. Annual Report must be signed.* Signature: John Coleman Name (type or print): John Coleman		Date: 12/01/2011 Title: Agent			
Processed 12/01/2011		* Electronically provided signatures are accepted as original signatures.				