No. <b>W 3719</b>	Due no later than Mar 31, 2014 Annual Report Form		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:			2022 5 1145	ROSA M TERRAZAS M.D.			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Addr TERRAZAS, PLLC ROSA M TERRAZ 2822 E HARD ROO		BOISE ID	2822 E HARD ROCK DR BOISE ID 83712			
NO FILING FEE IF RECEIVED BY DUE DATE			3. <u>New</u> Registe	3. New 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 ROSA M T	ERRAZAS M.D.	111 W MAIN ST	BOISE	ID	USA	83702	
5. Organized Under the Laws of:  6. Annual Report must be signed.*							
ID Signature: Rosa M. Terrazas M.D.				Date: 02/04/2014			
W 3719	Name (type or print): Rosa M. Terrazas M.D.			Title: Member			
Processed 02/04/2014	* Electronically provided signatures are accepted as original signatures.						