No. <b>W 42541</b>		Due no later than Sep 30, 2012		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			TERRY M LITTLE  4750 N FIVE MILE RD  BOISE ID 83713			
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.  TREASURE VALLEY MEDICAL CLINICS, LLC TERRY M LITTLE 4750 N FIVE MILE RD BOISE ID 83713						
				BOISE ID				
				3. <u>New</u> Regist	3. New Registered Agent Signature:*			
4. Limited Liability Compa	nies: Enter Nai	mes and Address	ses of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
Manager Manager	TERRY M LITTLE DO CARMEN S LITTLE		4750 N FIVE MILE RD 4750 N FIVE MILE RD	BOISE BOISE	ID ID	USA USA	83713 83713	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 42541		Signature: Carmen S Little			Date: 07/30/2012			
		Name (type	or print): Carmen S Little		Title: Manager			
Processed 07/30/2012		* Electronically	provided signatures are accepted as origin	al signatures.				