No. W 31654		Due no later than Jul 31, 2010	2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form	ELAINE N I				
SECRETARY OF STATE	1. Mailing	1. Mailing Address: Correct in this box if needed. ELAINE N. KEY, M.D., PLLC ELAINE N KEY 4650 E WILDHORSE LN BOISE ID 83712		1375 E MONTEREY DR BOISE ID 83706			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	ELAINE N H						
	BOISE ID			3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA						
4. Limited Liability Companies: En	ter Names and Addres	sses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER ELAINE N KEY MD		4650 E. WILDHORSE LN	BOISE	ID	USA	83712	
5. Organized Under the Laws of: 6. Annual Repo		ort must be signed.*					
ID	Signature:	Signature: Elaine Key		Date: 05/18/2010			
W 31654	Name (type	or print): Elaine Key		Title: Member			
Processed 05/18/2010	* Electronically	* Electronically provided signatures are accepted as original signatures.					