

No. W 59314		Due no later than Feb 28, 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		1. Mailing Address: Correct in this box if needed. JOSHUA R. FULLMER, M.D., PLLC JOSHUA R FULLMER PO BOX 6 REXBURG ID 83440 USA		JOSHUA R FULLMER 637 STONEBRIDGE REXBURG ID 83440			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name JOSHUA R FULLMER	Street or PO Address 264 E MAIN ST		City REXBURG	State ID	Country USA	Postal Code 83440
5. Organized Under the Laws of: ID W 59314		6. Annual Report must be signed.* Signature: Joshua Fullmer Name (type or print): Joshua Fullmer Date: 01/06/2011 Title: Owner					
Processed 01/06/2011 * Electronically provided signatures are accepted as original signatures.							