

No. W 59314		Due no later than Feb 28, 2011		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		Annual Report Form		JOSHUA R FULLMER 637 STONEBRIDGE REXBURG ID 83440			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		JOSHUA R. FULLMER, M.D., PLLC JOSHUA R FULLMER PO BOX 6 REXBURG ID 83440 USA					
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	JOSHUA R FULLMER	264 E MAIN ST	REXBURG	ID	USA	83440	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 59314		Signature: Joshua Fullmer			Date: 01/06/2011		
		Name (type or print): Joshua Fullmer			Title: Owner		
Processed 01/06/2011		* Electronically provided signatures are accepted as original signatures.					