No. <b>W 82235</b>		Due no later than Mar 31, 2011		2	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			WALLACE BROWN			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  PROVIDER MEDIA GROUP, LLC.  PHILIP J GORMAN  PO BOX 2678  EAGLE ID 83616			950 CURLING LANE BOISE ID 83702  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Com	ipanies: Enter Nai	mes and Addresses of	at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER	PHILIP J GC	ORMAN	PO BOX 2678		EAGLE	ID	USA	83616
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Philip Gorman			Date: 01/23/2011			
W 82235		Name (type or print): Philip Gorman			Title: Manager			
Processed 01/23/2011 * Electronically provided signatures are accepted as original signatures.								