No. <b>W 25749</b>		Due no later than Sep 30, 2011		2. Registered /	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		TAMARA S	TAMARA SIMON			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  ROCKY MOUNTAIN GYN AND HORMONE CENTER, PLLC TAMARA SIMON PO BOX 757 EAGLE ID 83616		EAGLE ID	951 E PLAZA DR STE 170 EAGLE ID 83616  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA		or <u>r.c.r.</u> region	or <u>item</u> registered rigorit orginatare.			
4. Limited Liability Comp	panies: Enter Na	mes and Addres	ses of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	R TAMARA SIMON		PO BOX 757	EAGLE	ID	USA	83616	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Anna Leigh			Date: 08/08/2011			
W 25749		Name (type or print): Anna Leigh			Title: Controller			
Processed 08/08/2011 * Electronically provided signatures are accepted as original signatures.								