No. **W 80060**	**Due no later than Dec 31, 2013** **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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** STEVEN A. LARSEN, M.D., PLLC STEVEN A LARSEN, MD PO BOX 2580 POCATELLO ID 83206 USA	DAVID R GALLAFENT 109 N ARTHUR POCATELLO ID 83204 3. New Registered Agent Signature:*

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
MANAGER	STEVEN A LARSEN, MD	PO BOX 2580	POCATELLO	ID	USA	83206

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 80060**	Signature: Steven A Larsen, MD	Date: 11/20/2013
	Name (type or print): Steven A Larsen, MD	Title: Owner

Processed 11/20/2013

* Electronically provided signatures are accepted as original signatures.