

No. W 115245		Due no later than Jul 31, 2013		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 1. Mailing Address: Correct in this box if needed. FIRTH MEDICAL CENTER PLLC KATHLEEN SEARLE 521 E 1250 N SHELLEY ID 83274		KATHLEEN SEARLE 521 E 1250 N SHELLEY ID 83274			
				3. <u>New</u> 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	SADIE ELIJAH	114 S. MAIN ST.	FIRTH	ID	USA	83236	
5. Organized Under the Laws of: ID W 115245		6. Annual Report must be signed.* Signature: Kathleen Searle Name (type or print): Kathleen Searle Date: 06/05/2013 Title: Owner/Provider					
Processed 06/05/2013		* Electronically provided signatures are accepted as original signatures.					