

No. W 115245		Due no later than Jul 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		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			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name SADIE ELIJAH	Street or PO Address 114 S. MAIN ST.		City FIRTH	State ID	Country USA	Postal Code 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.					