

No. W 50300

**Due no later than May 31, 2009  
Annual Report Form**

**2. Registered Agent and Office NO PO BOX**

Return to:  
SECRETARY OF STATE  
450 NORTH FOURTH STREET  
PO BOX 83720  
BOISE, ID 83720-0080

**NO FILING FEE IF  
RECEIVED BY DUE DATE**

**1. Mailing Address - Correct in this box, if applicable**

MOUNTAIN MEDICAL BILLING, LLC  
PO BOX 623  
STAR, ID 83669

TIA MARIE FRISK  
10114 ARROWLEAF CT  
STAR, ID 83669

**3. New Registered Agent Signature**

**4. Limited Liability Companies: Enter Names and Addresses of Members.**

Office held

Name

Street or P.O. Address

City

State

Zip

Administrator TIA MFRISK 10114 Arrowleaf Ct STAR ID 83669  
OWNER

**5. Organized Under the Laws of:**

OREGON  
W 50300

**6.**

Signature

(Typed or  
Printed)

Tia M Frisk

TIA M FRISK

Date

3/12/09

Title

Administrator