

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		TIA MARIE FRISK 10114 ARROWLEAF CT STAR, ID 83669 3. <u>New</u> Registered Agent Signature
	MOUNTAIN MEDICAL BILLING, LLC PO BOX 623 STAR, ID 83669		

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

Office held	Name	Street or P.O. Address	City	State	Zip
Administrator Owner	TIA M FRISK	10114 Arrowleaf Ct	STAR	ID	83669

5. Organized Under the Laws of: OREGON W 50300	6. Signature <u>Tia Marie Frisk</u> Date <u>3/12/09</u> Name (Typed or Printed) <u>TIA M FRISK</u> Title <u>Administrator</u>
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