No. **W 89894**	**Due no later than Jan 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.** SMBI IDAHO, LLC LAURIE BROCATO 40 BURTON HILLS BLVD STE 500 NASHVILLE TN 37215 USA	CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702 USA 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
MEMBER	UNIPHY HEALTHCARE OF MAINE I, INC.	40 BURTON HILLS BLVD, STE. 500	NASHVILLE	TN	USA	37215

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
TN **W 89894**	Signature: Teresa Sparks Name (type or print): Teresa Sparks	Date: 01/15/2013 Title: Vp

Processed 01/15/2013

* Electronically provided signatures are accepted as original signatures.