No. **W 101298**	**Due no later than Mar 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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** SILVER SUMMIT MEDICAL, L.L.C. BRADY MITCHELL 24 S 200 E RUPERT ID 83350 USA	BRADY MITCHELL 24 S 200 E RUPERT ID 83350 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
MANAGER	BRADY MITCHELL	24 S 200 E	RUPERT	ID	USA	83350

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 101298**	Signature: Brady Mitchell	Date: 03/01/2013
	Name (type or print): Brady Mitchell	Title: Manager

Processed 03/01/2013

* Electronically provided signatures are accepted as original signatures.