

No. W 99322		Due no later than Jan 31, 2015		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. INFECTIOUS DISEASE MEDICINE, LLC. SUSAN SOUVENIR PO BOX 3087 HAYDEN ID 83835 USA		DAVID D SOUVENIR MD 6679 N SNOWBERRY ST DALTON GARDENS 83815			
				3. <u>New</u> 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	DAVID B SOUVENIR	PO BOX 3087	HAYDEN	ID	USA	83835	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 99322		Signature: SUSAN SOUVENIR				Date: 02/01/2015	
		Name (type or print): SUSAN SOUVENIR				Title: OFFICE MANAGER	
Processed 02/01/2015		* Electronically provided signatures are accepted as original signatures.					