No. **W 125844**	**Due no later than May 31, 2014** **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.** PITA PIT ALABAMA, LLC JACK T. RIGGS, M.D. 105 N 4TH ST STE 208 COEUR D ALENE ID 83814	JACK T. RIGGS, M.D. 105 N 4TH ST STE 208 COEUR D ALENE ID 83814 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	JACK T RIGGS, M.D.	105 N. 4TH STREET, SUITE 208	COEUR D'ALENE	ID	USA	83814

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 125844**	Signature: Robert J. Fasnacht Name (type or print): Robert J. Fasnacht	Date: 05/12/2014 Title: Authorized Agent

Processed 05/12/2014

* Electronically provided signatures are accepted as original signatures.