450 N 4th STREET II PO BOX 83720 9	Due no later than Mar 31, 2013 Annual Report Form	2. Registered Agent and Office (NOT A P.O. BOX) MICHAEL J MYHRE
	1. Mailing Address: Correct in this box if needed.	906 N HOUSTON RD BOISE ID 83706
NO FILING FEE IF RECEIVED BY DUE DATE		3. <u>New</u> Registered Agent Signature.
4. Limited Liability ( Manager or Member	Companies: Enter Names and Addresses of Manager  Name Street or PO Address City	s OR Members. See Instructions.  State Country Postal Code
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Manager Member X Micl	hael J. Myhre, M.D. 906 N. Houston F	Rd. Boise, ID USA 83706 🐣
Manager ☐ Member ☒ Mich	hael J. Myhre, M.D. 906 N. Houston F	Rd. Boise, ID USA 83706 🐣
	hael J. Myhre, M.D. 906 N. Houston F	Rd. Boise, ID USA 83706 🐣
Manager Member	hael J. Myhre, M.D. 906 N. Houston F	Rd. Boise, ID USA 83706
Manager	s of: 6.	
Manager	s of: 6.	Date:
Manager Member Manager Member Manager Member 5. Organized Under the Laws	s of: 6.	
Manager Member Manager Member Manager Member Member Member Manager Member Membe	s of: 6. Signature: Michae Unglino	Date: 1/29/13