No. <b>W 80061</b>	Due no later than Dec 31, 2010		2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		DAVE R GAL			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.			109 N ARTHUR POCATELLO ID 83204		
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	MATTHEW E. WILLIAMSON, D.O., PLLC MATTHEW WILLIAMSON, DO 444 HOSPITAL WAY STE 701		POCATELLO			
	POCATELLO ID 83201		3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF USA RECEIVED BY DUE DATE						
	1.0.1.1	I I was I was Market as Market as I				
4. Limited Liability Companies: Enter Na	imes and Addresses of					
Office Held Name		Street or PO Address	City	State	Country	Postal Code
MANAGER MATTHEW WILLIAMSON, DO 444 HO		444 HOSPITAL WAY, SUITE 701	POCATELLO	ID	USA	83201
5. Organized Under the Laws of:  6. Annual Report must be signed.*						
ID	Signature: Matthew Williamson DO		Date: 12/06/2010			
W 80061	Name (type or print): Matthew Williamson DO		Title: Manager			
Processed 12/06/2010	* Electronically provided signatures are accepted as original signatures.					