

No. <b>W 50300</b>	<b>Due no later than May 31, 2011</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> MOUNTAIN MEDICAL BILLING, LLC CHRIS STOKES PO BOX 623 STAR ID 83669		TIA MARIE FRISK 10114 ARROWLEAF CT STAR ID 83669			
			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	CHRIS MARIE STOKES	10166 ARROWLEAF CT	STAR	ID	USA	83669
5. Organized Under the Laws of:  <b>OR</b> <b>W 50300</b>	6. Annual Report must be signed.* Signature: Chris M. Stokes Name (type or print): Chris M. Stokes		Date: 03/16/2011 Title: Contract Manager			
Processed 03/16/2011		* Electronically provided signatures are accepted as original signatures.				