

No. W 60296		Due no later than Mar 31, 2012		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. ALLIED HEALTHCARE, PLLC JASON PARKER 3422 S. 15TH E. IDAHO FALLS ID 83404 USA		JASON PARKER 3422 S. 15TH E. IDAHO FALLS ID 83404			
				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	
MANAGER	JASON PARKER	5727 VEIL DR	IDAHO FALLS	ID	USA	83406	
5. Organized Under the Laws of: ID W 60296		6. Annual Report must be signed.* Signature: Jason Parker Name (type or print): Jason Parker Date: 01/12/2012 Title: Manager					
Processed 01/12/2012		* Electronically provided signatures are accepted as original signatures.					