

No. W 76937	Due no later than Aug 31, 2011 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. RIT CLINICS, LLC DR JASON D WEST 2950 TREVOR ST POCATELLO ID 83201	JASON D WEST 2950 TREVOR ST POCATELLO ID 83201			
		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	JASON WEST	2950 TREVOR	POCATELLO	ID	USA 83201
5. Organized Under the Laws of: ID W 76937	6. Annual Report must be signed.* Signature: Jason West Name (type or print): Jason West		Date: 09/09/2011 Title: President		
Processed 09/09/2011		* Electronically provided signatures are accepted as original signatures.			