| No. W 24906 | | Due no later than Jul 31, 2009 | | 2. Registered A | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|-------------------|---|--------------------------------------|-----------------------------|---|---------|-------------|--|
| Return to: | | Annual Report Form | | A CONTRACTOR OF MARKET PARK | WINSTON V BEARD | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. ERIC A WINGERSON DO AND DIGESTIVE HEALTH CENTER PROFESSIONAL COMPANY ERIC A WINGERSON 1995 E 17TH ST STE 4 IDAHO FALLS ID 83404 USA | | IDAHO FALL | 2105 CORONADO IDAHO FALLS ID 83404 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Com | panies: Enter Nai | mes and Addresse | s of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER ERIC A WINGERSON | | NGERSON | 3985 NATHAN DR | IDAHO FALLS | ID | USA | 83404 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Shirley Prindle | | Da | Date: 05/26/2009 | | | |
| W 24906 | | Name (type or print): Shirley Prindle | | Ti | Title: Office Manager | | | |
| Processed 05/26/2009 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |