

No. <b>W 138844</b>	<b>Due no later than Jun 30, 2015</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> JUAN J. LEON, M.D., PLLC C/O HOLDEN KIDWELL HAHN CRAPO PO BOX 50130 IDAHO FALLS ID 83405		DEAN J PARKER 1000 RIVERWALK DR STE 200 IDAHO FALLS ID 83402			
			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	JUAN J LEON	1312 CAMELBACK VIEW DR	POCATELLO	ID	USA	83201
5. Organized Under the Laws of:  <b>ID</b> <b>W 138844</b>		6. Annual Report must be signed.* Signature: Dean J. Parker Name (type or print): Dean J. Parker Date: 07/14/2015 Title: Registered Agent				
Processed 07/14/2015		* Electronically provided signatures are accepted as original signatures.				