

No. W 66041	Due no later than Aug 31, 2009 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. NORTHRIDGE INTERNAL MEDICINE, PLLC SHAWN GEE 36 PROFESSIONAL PLAZA STE 102 REXBURG ID 83440 USA		SHAWN GEE 36 PROFESSIONAL PLAZA STE 102 REXBURG ID 83440			
			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	RODNEY BATES, M.D.	36 PROFESSIONAL PLAZA STE 102	REXBURG	ID	USA	83440
MEMBER	STEVEN LOFGRAN, M.D.	36 PROFESSIONAL PLAZA STE 102	REXBURG	ID	USA	83440
5. Organized Under the Laws of: ID W 66041	6. Annual Report must be signed.* Signature: Shawn Gee Name (type or print): Shawn Gee		Date: 06/16/2009 Title: Administrator			
Processed 06/16/2009		* Electronically provided signatures are accepted as original signatures.				