

No. W 41580	Due no later than Aug 31, 2010 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.		STEPHEN C SMITH MD 1283 EAST BRAEMERE RD BOISE ID 83702			
	STEPHEN C. SMITH, M.D., PLLC STEPHEN C. SMITH 1283 EAST BRAEMERE RD BOISE ID 83702		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	STEPHEN C SMITH MD	1283 EAST BRAEMERE RD	BOISE	ID	USA	83702
5. Organized Under the Laws of: ID W 41580		6. Annual Report must be signed.* Signature: Stephen C. Smith Name (type or print): Stephen C. Smith		Date: 07/22/2010 Title: Dr.		
Processed 07/22/2010		* Electronically provided signatures are accepted as original signatures.				