

No. W 75298	Due no later than Jun 30, 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. LAVONNE R. MILLS, M.D., FAAFP, PLLC LAVONNE R. MILLS 3307 N STEPHANIE RD POCATELLO ID 83204		LAVONNE R MILLS MD 3307 N STEPHANIE RD POCATELLO ID 83204			
			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	LAVONNE R MILLS MD	3307 N STEPHANIE RD	POCATELLO	ID	USA	83204
5. Organized Under the Laws of: ID W 75298	6. Annual Report must be signed.* Signature: LaVonne R. Mills, M.D. Name (type or print): LaVonne R. Mills, M.D.		Date: 04/14/2011 Title: Owner			
Processed 04/14/2011		* Electronically provided signatures are accepted as original signatures.				