

No. W 104848	Due no later than Jul 31, 2012 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. PRIMARY MEDICAL LLC BURK A THOMAS 850 W IRONWOOD DR STE 302 COEUR D ALENE ID 83814		BURK A THOMAS 850 W IRONWOOD DR STE 302 COEUR D ALENE ID 83814			
			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	BURK A THOMAS	850 W IRONWOOD DR STE 302	COEUR D ALENE	ID	USA	83814
5. Organized Under the Laws of: ID W 104848	6. Annual Report must be signed.* Signature: Burk A Thomas Name (type or print): Burk A Thomas		Date: 07/31/2012 Title: Owner			
Processed 07/31/2012		* Electronically provided signatures are accepted as original signatures.				