

No. W 13876		Due no later than Dec 31, 2013		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		Annual Report Form		JAMES F THOMSON MD 1102 E LOCUST EMMETT ID 83617-2713			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		JAMES F. THOMSON LLC LISA J FORURIA 1102 E LOCUST EMMETT ID 83617-2713 USA					
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	JAMES F THOMSON MD	1102 E LOCUST	EMMETT	ID	USA	83617	
MEMBER	LAUREY B THOMSON	1102 E LOCUST	EMMETT	ID	USA	83617	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 13876		Signature: Lisa Foruria			Date: 10/16/2013		
		Name (type or print): Lisa Foruria			Title: Clinic Administrator		
Processed 10/16/2013		* Electronically provided signatures are accepted as original signatures.					